Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC AGENDA

Thursday 21st July 2022 from 9am to 10.45am

MS Teams

Please notify us in advance of your intention to join the meeting by emailing ddccg.communications@nhs.net by close of play on the 20th July 2022

Questions from members of the public should be emailed to DDCCG.Enquiries@nhs.net and a response will be provided within seven working days

This meeting will be recorded – please notify the Chair if you do not give consent

Time	Reference	Item	Presenter	Delivery
09:00	**Introductory Items**			
	ICB/2223/18	Welcome, introductions and apologies • Dean Wallace, Amanda Rawlings, Brigid Stacey, Avi Bhatia	John MacDonald	Verbal
	ICB/2223/19	Confirmation of quoracy	John MacDonald	Verbal
	ICB/2223/20	Declarations of Interest • Register of Interests • Summary register for recording interests during the meeting • Glossary	John MacDonald	Paper
	ICB/2223/21	Questions received from members of the public	John MacDonald	Verbal
09:10	**Strategy and Leadership**			
	ICB/2223/22	Chair's Report	John MacDonald	Paper
	ICB/2223/23	Chief Executive's Report	Dr Chris Clayton	Paper
09:30	**Items for Decision**			
	ICB/2223/24	Joined Up Care Derbyshire ICS Green Plan	Helen Dillistone	Paper
09.50	**Corporate Assurance**			
	ICB/2223/25	Finance Report – Month 2	Keith Griffiths	Verbal

Time	Reference	Item	Presenter	Delivery
	ICB/2223/26	Audit and Governance Committee Assurance Reports • Inaugural Audit and Governance Committee meeting – 19.07.2022 • Closing CCG Governance Committee Assurance Report – 23.06.2022	Sue Sunderland	Verbal Paper
	ICB/2223/27	Finance and Estates Committee Assurance Report – 30.06.2022	Richard Wright	Verbal
	ICB/2223/28	People and Culture Committee Assurance Committee Report – 17.06.2022	Margaret Gildea	Verbal
	ICB/2223/29	Population Health and Strategic Commissioning Committee Assurance Reports • Inaugural Population Health and Strategic Commissioning Committee meeting – 14.07.2022 • Closing CCG Clinical and Lay Commissioning Committee – 09.06.2022	Julian Corner	Verbal Paper
	ICB/2223/30	Derbyshire Engagement Committee Assurance Report – 21.06.2022	Julian Corner	Paper
	ICB/2223/31	CCG Quality and Performance Committee Assurance Report – 30.06.2022	Dr Buk Dhadda	Paper
10.30	**Items for Information**			
	The following items are for information only and will not be individually presented			
	ICB/2223/32	Ratified minutes of CCG / ICB Committee Meetings: • CCG Audit Committee – 18.5.2022 • CCG Engagement Committee – 17.5.2022 • CCG Primary Care Commissioning Committee – 25.5.2022 • CCG Quality and Performance Committee – 26.5.2022	Meeting Chairs	Papers
10.35	**Minutes and Matters Arising**			
	ICB/2223/33	Minutes from the meeting held on 1st July 2022	John MacDonald	Paper
	ICB/2223/34	Action Log from the meeting held on 1st July 2022	John MacDonald	Verbal
10.40	**Closing Items**			
	ICB/2223/35	Any Other Business	John MacDonald	Verbal
	ICB/2223/36	Date and time of next meeting: Date: Thursday 18th August 2022 Time: 9am Venue: MS Teams	John MacDonald	Verbal

NHS
Derby and Derbyshire
Integrated Care Board

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Allen	Tracey	Partner Member - DCHS	Primary & Community Collaborative Delivery Board Integrated Place Executive Meeting	CEO of Derbyshire Community Healthcare Services NHS Foundation Trust Partner is a Director (not Board Member) for NHS Derby and Derbyshire ICB Trustee for NHS Providers Board	✓	 ✓		 ✓	01/07/22 01/07/222 01/07/22	Ongoing Ongoing Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Clayton	Chris	Chief Executive	N/A	Spouse is a partner in PWC				✓	01/07/22	Ongoing	Declare interest if relevant
Corner	Julian	Non-Executive Member	Finance & Estates Committee Public Partnerships Committee Population Health & Strategic Commissioning Committee Remuneration Committee	As the CEO of Lankelly Chase Foundation, I may have an interest in organisations being commissioned by the JUCD if that would support a grant funding relationship that Lankelly Chase has with them.		✓			01/03/22	30-Jun-25	Not aware of any grant relationships between Lankelly Chase and Derbyshire based organisations, or organisations that might stand to benefit from JUCD commissioning decisions. If that were to happen I would alert the JUCD chair and excuse myself from decisions both at Lankelly Chase and JUCD.
Dhadda	Bukhtawar	Non-Executive Member	Audit & Governance Committee People & Culture Committee Quality & Performance Committee Population Health & Strategic Commissioning Committee Remuneration Committee	GP Partner at Swadlincote Surgery Private GP work for Medical Solutions Online (Health Hero)	✓ ✓				01/07/22 01/07/22	Ongoing Ongoing	Withdraw from all discussion and voting if organisations are potential providers unless otherwise agreed by the meeting chair
Dillistone	Helen	Executive Director of Corporate Affairs	Audit & Governance Committee Public Partnerships Committee	Nil							No action required
Gildea	Margaret	Non-Executive Member	Audit and Governance Committee People and Culture Committee Quality and Performance Committee Remuneration Committee	Director of Organisation Change Solutions Limited Coaching and organisation development with First Steps Eating Disorders Director, Melbourne Assembly Rooms	✓ ✓	 ✓			01/07/22 01/07/22 01/07/22	Ongoing Ongoing Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Griffiths	Keith	Executive Director of Finance	Finance & Estates Committee Population Health & Strategic Commissioning Committee	Nil							No action required
Jones	Zara	Executive Director of Strategy & Planning	Finance & Estates Committee Population Health & Strategic Commissioning Committee Quality & Performance Committee	Nil							No action required
MacDonald	John	ICB Chair	N/A	Chair at University Hospitals of Leicester NHS Trust	✓				01/07/22	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Majid	Ifti	Partner Member - DHcFT	People & Culture Committee	CEO of Derbyshire Healthcare NHS Foundation Trust Co-Chair of NHS Confederation BME leaders Network Chair of the NHS Confederation Mental Health Network Trustee of the NHS Confederation Spouse is Managing Director (North) Priory Healthcare	✓	 ✓ ✓ ✓		 ✓	01/07/22 01/07/22 01/07/22 01/07/22 01/07/22	Ongoing Ongoing Ongoing Ongoing Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Mott	Andrew	GP, ICB Partner Board Member	Joint Area Prescribing Committee□ Derbyshire Prescribing Group□ Clinical Policy Advisory Group System Quality Group ICB Board	GP Partner of Jessop Medical Practice Clinical Director, ARCH Primary Care Network Practice is shareholder in Amber Valley Health Ltd (provides services to our PCN) Interim Chair, Derbyshire GP Provider Board Wife is Consultant Paediatrician at UHDB FT	✓ ✓ ✓ ✓			 ✓	01/07/22 01/07/22 01/07/22 01/07/22 01/07/22	Ongoing Ongoing Ongoing Ongoing Ongoing	Declare interests if relevant
Rawlings	Amanda	Executive Director of People & Culture	People & Culture Committee Population Health & Strategic Commissioning Committee	Employed jointly between NHS Derby and Derbyshire Integrated Care Board and University Hospitals of Derby and Burton NHS Foundation Trust, as Chief People Officer	✓				01/07/22	Ongoing	This position was agreed by both the ICB and UHDB. Declare interest when relevant and withdraw from all discussion and voting if UHDB is potential provider, unless otherwise agreed by the meeting chair
Smith	Andy	Partner Member - Derby City Local Authority	N/A	Director of Adult Social Care and Director of Children's Services, Derby City Council Member of Regional ADASS and ADCS Groups	✓	 ✓			01/07/22 01/07/22	Ongoing Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Stacey	Brigid	Chief Nurse Officer	Quality & Performance Committee System Quality Group CRHFT Contract Management Board CRHFT Clinical Quality Review Group UHDB Contract Management Board UHDB Clinical Quality Review Group EMAS Quality Assurance Group Maternity Transformation Board (Chair)	Nil							No action required

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Integrated Care Board

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Sunderland	Sue	Non-Executive Member - Audit & Governance	Audit and Governance Committee Finance and Estates Committee Public Partnerships Committee Population Health & Strategic Commissioning Committee IFR Panels CFI Panels	Audit Chair NED, Nottinghamshire Healthcare Trust		✓			01/07/22	Ongoing	The interest should be kept under review and specific actions determined as required
				Audit Chair of Joint Audit Risk & Assurance Committee for the Office of the Police & Crime Commissioner and Chief Constable of Derbyshire		✓			01/07/22	01/04/23	
				Finance NED Inclusion Healthcare Social Enterprise CIC		✓			01/07/22	30/08/22	
				Husband is an independent person sitting on Derby City Audit Committee & Standards Committee.				✓	01/07/22	Ongoing	Unlikely for there to be any conflicts to manage
Wallace	Dean	Partner Member - Derbyshire Local Authority	Integrated Place Executive Meeting	Director of Public Health, Derbyshire County Council	✓				01/07/22	31/08/22	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Chief Operating Officer, Derbyshire Community Health Services NHS Foundation Trust	✓				01/09/22	Ongoing	
Weiner	Chris	Executive Medical Director	Quality & Performance Committee Population Health & Strategic Commissioning Committee	Nil							No action required
Wright	Richard	Non-Executive Member - Finance & Estates	Audit and Governance Committee Finance and Estates Committee Quality and Performance Committee Population Health & Strategic Commissioning Committee Remuneration Committee	Chair of Sheffield UT Multi Academy Educational Trust	✓				01/07/22	31/08/2022	Declare interests if relevant
				Member of National Centre for Sport and Exercise Medicine Sheffield Board	✓				01/07/22	Ongoing	

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an Individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold” (NHS England, 2017).

Meeting	Date of Meeting	Chair (name)	Director of Corporate Delivery/ICB Meeting Lead	Name of person declaring interest	Agenda item	Details of interest declared	Action taken

Abbreviations & Glossary of Terms

A&E	Accident and Emergency
AfC	Agenda for Change
AGM	Annual General Meeting
AHP	Allied Health Professional
AQP	Any Qualified Provider
Arden & GEM CSU	Arden & Greater East Midlands Commissioning Support Unit
ARP	Ambulance Response Programme
ASD	Autistic Spectrum Disorder
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BCCTH	Better Care Closer to Home
BCF	Better Care Fund
BMI	Body Mass Index
bn	Billion
BPPC	Better Payment Practice Code
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Services
CATS	Clinical Assessment and Treatment Service
CBT	Cognitive Behaviour Therapy
CCG	Clinical Commissioning Group
CDI	Clostridium Difficile
CEO (s)	Chief Executive Officer (s)

CfV	Commissioning for Value
CHC	Continuing Health Care
CHP	Community Health Partnership
CMHT	Community Mental Health Team
CMP	Capacity Management Plan
CNO	Chief Nursing Officer
COO	Chief Operating Officer (s)
COP	Court of Protection
COPD	Chronic Obstructive Pulmonary Disorder
CPD	Continuing Professional Development
CPN	Contract Performance Notice
CPRG	Clinical & Professional Reference Group
CQC	Care Quality Commission
CQN	Contract Query Notice
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust
CSE	Child Sexual Exploitation
CSF	Commissioner Sustainability Funding
CSU	Commissioning Support Unit
CTR	Care and Treatment Reviews

CVD	Chronic Vascular Disorder
CYP	Children and Young People
D2AM	Discharge to Assess and Manage
DAAT	Drug and Alcohol Action Teams
DCC	Derbyshire County Council or Derby City Council
DCHSFT	Derbyshire Community Health Services NHS Foundation Trust
DCO	Designated Clinical Officer
DHcFT	Derbyshire Healthcare NHS Foundation Trust
DHSC	Department of Health and Social Care
DHU	Derbyshire Health United
DNA	Did not attend
DoF(s)	Director(s) of Finance
DoH	Department of Health
DOI	Declaration of Interests
DoLS	Deprivation of Liberty Safeguards
DPH	Director of Public Health
DRRT	Dementia Rapid Response Team
DSN	Diabetic Specialist Nurse
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDS2	Equality Delivery System 2
EDS3	Equality Delivery System 3

EIA	Equality Impact Assessment
EIHR	Equality, Inclusion and Human Rights
EIP	Early Intervention in Psychosis
EMASFT	East Midlands Ambulance Service NHS Foundation Trust
EMAS Red 1	The number of Red 1 Incidents (conditions that may be immediately life threatening and the most time critical) which resulted in an emergency response arriving at the scene of the incident within 8 minutes of the call being presented to the control room telephone switch.
EMAS Red 2	The number of Red 2 Incidents (conditions which may be life threatening but less time critical than Red 1) which resulted in an emergency response arriving at the scene of the incident within 8 minutes from the earliest of; the chief complaint information being obtained; a vehicle being assigned; or 60 seconds after the call is presented to the control room telephone switch.
EMAS A19	The number of Category A incidents (conditions which may be immediately life threatening) which resulted in a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner, arriving at the scene within 19 minutes of the request being made.
EMLA	East Midlands Leadership Academy
EoL	End of Life
ENT	Ear Nose and Throat
EPRR	Emergency Preparedness Resilience and Response
FCP	First Contact Practitioner
FFT	Friends and Family Test
FGM	Female Genital Mutilation
FIRST	Falls Immediate Response Support Team
FRP	Financial Recovery Plan
GDPR	General Data Protection Regulation
GP	General Practitioner
GPFV	General Practice Forward View
GPSI	GP with Specialist Interest
HCAI	Healthcare Associated Infection
HDU	High Dependency Unit
HEE	Health Education England
HI	Health Inequalities
HLE	Healthy Life Expectancy
HNA	Health Needs Assessment
HSJ	Health Service Journal
HWB	Health & Wellbeing Board
H1	First half of the financial year
H2	Second half of the financial year
IAF	Improvement and Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICM	Institute of Credit Management
ICO	Information Commissioner's Office
ICP	Integrated Care Provider
ICS	Integrated Care System
ICU	Intensive Care Unit
IG	Information Governance
IGAF	Information Governance Assurance Forum
IGT	Information Governance Toolkit
IP&C	Infection Prevention & Control
IT	Information Technology
IWL	Improving Working Lives
JAPC	Joint Area Prescribing Committee
JSAF	Joint Safeguarding Assurance Framework

JSNA	Joint Strategic Needs Assessment
JUCD	Joined Up Care Derbyshire
k	Thousand
KPI	Key Performance Indicator
LA	Local Authority
LAC	Looked after Children
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LGBT+	Lesbian, Gay, Bisexual and Transgender
LHRP	Local Health Resilience Partnership
LMC	Local Medical Council
LMS	Local Maternity Service
LPF	Lead Provider Framework
LTP	NHS Long Term Plan
LWAB	Local Workforce Action Board
m	Million
MAPPA	Multi Agency Public Protection arrangements
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MDT	Multi-disciplinary Team
MH	Mental Health
MHIS	Mental Health Investment Standard
MIG	Medical Interoperability Gateway
MIUs	Minor Injury Units

MMT	Medicines Management Team
MOL	Medicines Order Line
MoM	Map of Medicine
MoMO	Mind of My Own
MRSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculoskeletal
MTD	Month to Date
NECS	North of England Commissioning Services
NEPTS	Non-emergency Patient Transport Services
NHSE/ I	NHS England and Improvement
NHS e-RS	NHS e-Referral Service
NICE	National Institute for Health and Care Excellence
NUHFT	Nottingham University Hospitals NHS Trust
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PCCC	Primary Care Co-Commissioning Committee
PCD	Patient Confidential Data
PCDG	Primary Care Development Group
PCN	Primary Care Network
PHB's	Personal Health Budgets
PHE	Public Health England

PHM	Population Health Management
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PIR	Post Infection Review
PLCV	Procedures of Limited Clinical Value
POA	Power of Attorney
POD	Project Outline Document
POD	Point of Delivery
PPG	Patient Participation Groups
PSED	Public Sector Equality Duty
PwC	Price, Waterhouse, Cooper
Q1	Quarter One reporting period: April – June
Q2	Quarter Two reporting period: July – September
Q3	Quarter Three reporting period: October – December
Q4	Quarter Four reporting period: January – March
QA	Quality Assurance
QAG	Quality Assurance Group
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QUEST	Quality Uninterrupted Education and Study Time
QOF	Quality Outcome Framework
QP	Quality Premium

Q&PC	Quality and Performance Committee
RAP	Recovery Action Plan
RCA	Root Cause Analysis
REMCOM	Remuneration Committee
RTT	Referral to Treatment
RTT	The percentage of patients waiting 18 weeks or less for treatment of the Admitted patients on admitted pathways
RTT Non admitted	The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways
RTT Incomplete	The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period
ROI	Register of Interests
SAAF	Safeguarding Adults Assurance Framework
SAR	Service Auditor Reports
SAT	Safeguarding Assurance Tool
SBS	Shared Business Services
SDMP	Sustainable Development Management Plan
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Owner
SOC	Strategic Outline Case
SPA	Single Point of Access
SQI	Supporting Quality Improvement
SRO	Senior Responsible Officer
SRT	Self-Assessment Review Toolkit
STEIS	Strategic Executive Information System
STHFT	Sheffield Teaching Hospital NHS Foundation Trust
STP	Sustainability and Transformation Partnership
T&O	Trauma and Orthopaedics
TCP	Transforming Care Partnership
UEC	Urgent and Emergency Care
UHDBFT	University Hospitals of Derby and Burton NHS Foundation Trust
UTC	Urgent Treatment Centre
YTD	Year to Date
111	The out of hours service is delivered by Derbyshire Health United: a call centre where patients, their relatives or carers can speak to trained staff, doctors and nurses who will assess their needs and either provide advice over the telephone, or make an appointment to attend one of our local clinics. For patients who are house-bound or so unwell that they are unable to travel, staff will arrange for a doctor or nurse to visit them at home.
52WW	52 week wait

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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

21st July 2022

Item: 22

Report Title	Chair's Report							
Author	Sean Thornton, Deputy Director Communications and Engagement							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs							
Presenter	John McDonald, ICB Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	None							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	Not Applicable							

Recommendations
The Board is requested to **NOTE** the ICB Chair's Report.
Purpose
The report provides an update on key messages and developments relating to work across the ICB and ICS.
Report Summary
Current System Performance There is increasing pressure in our services as the result of greater levels of Covid-19 infection in the community. Infections rates at Chesterfield Royal more than tripled in the first week of July. Statistics on Monday, 11th July identified 316 patients across the system who had a Covid-19 infection, compared to 184 the previous week. Generally, while increasing numbers of hospital patients are testing positive for Covid-19, this is not the primary reason for admission, although we are seeing some patients needing care in ICU and sadly there were six deaths in our hospitals where patients had Covid-19 infection. It is evident that positive tests among staff resulting in absences are rising sharply, which is a growing pressure on maintaining already pressurised services. Overall, the number of patients coming into the urgent care system were significantly higher during June and the numbers being seen at our Emergency Departments now well exceed pre-pandemic volumes. Also there has been a shift from Mondays being the worst day, to a higher numbers of patients using services mid-week.

More broadly, GP appointment numbers for May 2022 show there were almost 530,000 appointments – an 11% rise from April 2022 and 11% more than May last year. Two-thirds of the appointments were held face-to-face.

NHS Oversight Framework

The NHS Oversight Framework for 2022/23 has been issued along with an accompanying set of metrics to support implementation of this framework. This Framework came into force from 1st July 2022 and describes NHS England's approach to NHS oversight for 2022/23 and is aligned with the ambitions set out in the NHS Long Term Plan, the 2022/23 operational planning and contracting guidance and the legislative changes enabled by the Health and Care Act 2022.

Challenges and opportunities for the NHS

To mark the establishment of Integrated Care Boards and Systems on the 1st July, Amanda Pritchard, Chief Executive of NHS England, set out her reflections on the challenges and opportunities for the coming years, built around the 'four Rs':

- **Recovery**, using the lessons from and the can-do spirit seen during the pandemic to continue your incredible efforts to ensure that people who need care, tests, and treatment can get it as quickly as possible;
- **Reforming** for the future, making the most of the opportunities presented by system working, and technology and data, to provide more effective, more convenient and more preventative services;
- Building **Resilience** to the shocks of the future, including working to ensure we have the right numbers of staff, the right physical and community capacity, and the right approach to urgent and emergency care in particular; and
- **Respect** for those whose sacrifices have supported the NHS through the last 900 days – continuing to look after our staff, providing the best possible value for taxpayers, and ensuring that all patients are treated as equal partners in their care, and their needs and opinions are central to how we plan, deliver and improve services.

Freedom to Speak Up

New and updated Freedom to Speak Up (FTSU) guidance and national policy have been published. The ICB has confirmed that its Board-level Freedom To Speak Up Guardian is Non-Executive Member Margaret Gildea, assisted by three staff member volunteers working as Freedom To Speak Up Officers. The profile of this vital initiative is to be raised with ICB staff through internal communications channels during July.

Mental Health Capital Developments

The final four Full Business Cases that are part of the Mental Health Acute Dormitory Eradication and Psychiatric Intensive Care Unit (PICU) Programme are progressing through system governance towards final sign off. These relate to the Making Room for Dignity Programme, covering the Older Adult Service Relocation, PICU, Acute-Plus Service, and Radbourne Unit Refurbishment. Due to hyperinflation in the construction materials market, the overall cost of the programme is now beyond the funding envelope approved at Outline Business Case stage and £34.9 million additional FBC capital is required. The FBCs are being passed through governance for approval ahead of any final decisions about national capital allocations.

Additional Focus on Children

The Children and Young People's agenda will be disaggregated from the existing Mental Health, Learning Disability and Autism Delivery Board given the scale of both agendas and to ensure sufficient focus on the specifics of the children's agenda. Links will be retained between the two groups, along with those managed by other delivery boards. The JUCD Children and Young

People Group will be reconstituted, with Andy Smith, Director of People Services at Derby County Council as Senior Responsible Officer and Chair.

General Practice opinions
Healthwatch Derbyshire is asking local people about any impact that changes to their GP services may have had on them. The way GP practices are accessed has changed over the past few years with a mixture of video, telephone, and face-to-face appointments. Feedback from locals will help inform what is working well and where we need to improve. Complete the survey here.

This information will be used in conjunction with the ICB's own information on local patients' views collected during the recent GP Roles campaign, the national patients survey results which were released in July, and information shared by patients during an engagement exercise in relation to Enhanced Services in general practice, where at the time of writing nearly 8500 views had been received across the City and County.

Awards Recognition
The Joined Up Care Derbyshire First Contact Rough Sleeper Paramedic has received Community Heroes Award at the MJ Awards for Local Government. At the MJ Awards for Local Government on 24th June, Tracey Cunningham won the Community Heroes award in recognition of the work that she does with a population of the community who find it difficult to access support and treatment.

Tracey is funded by the ICB and employed by East Midlands Ambulance Service (EMAS) as a First Contact Rough Sleeper Paramedic, and is part of a multi-disciplinary team (MDT) that supports people who are sleeping rough in Derby City. The Rough Sleeper MDT is part of the Derby City Multi-Agency Rough Sleeper Hub (MARSH) and provides intensive support to people who are sleeping rough. Tracey works directly with people who are sleeping rough to triage, treat and enable them to access the services they need. The interventions that Tracey has delivered have led to a reduction in the need for people to be unnecessarily conveyed by Ambulance to A&E and a reduction in inappropriate presentations at A&E. She has also supported wider public health programmes including delivering Flu and Covid-19 vaccinations to people who are sleeping rough.

Identification of Key Risks
Not applicable to this report.
Have any conflicts of interest been identified throughout the decision making process?
Not applicable to this report.
Project Dependencies
Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Summary:**	
Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:				
Better health outcomes	☒	Improved patient access and experience	☐	
A representative and supported workforce	☐	Inclusive leadership	☐	
Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?				
Not applicable to this report.				
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?				
Carbon reduction	☐	Air Pollution	☐	Waste ☐
Not applicable to this report.				

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

21st July 2022

Item: 23

Report Title	Chief Executive's Report							
Author	Dr Chris Clayton, Chief Executive							
Sponsor (Executive Director)	Dr Chris Clayton, Chief Executive							
Presenter	Dr Chris Clayton, Chief Executive							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	None							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	Not Applicable							

Recommendations
The Board is requested to **NOTE** the ICB Chief Executive's Report.
Purpose
The report provides an update on key messages and developments relating to work across the ICB and ICS.
Report Summary
I am very proud to write this introduction to my first Chief Executive's report for the NHS Derby and Derbyshire Integrated Care Board (ICB). It is a great privilege to lead the latest phase of NHS development in our system, and I'm very optimistic about what we will be able to achieve during the lifetime of this new NHS body. The ICB takes on the statutory responsibilities of the former Clinical Commissioning Group, including the planning and commissioning of local healthcare, alongside other duties. We will continue to meet these existing duties, but it is important to note that the ICB is not just the CCG by another name. The way in which we deliver these duties will be substantially different if we are to truly embrace the opportunities that the reform has presented. The ICB represents the NHS family in Derby and Derbyshire more broadly than organisations created under previous reforms. The ICB Board is now made up of the wider NHS, with direct membership from Foundation Trusts through our provider collaborative group, our Place executive, and from GPs representing our GP Development Board. The roles of commissioning and provision are now no longer distinct, and the NHS will collectively understand local need to determine the healthcare provision required to meet it. This will be delivered with the additional

input of social care and public health colleagues to ensure the integration of NHS services with others.

Separate to this will be the Integrated Care Partnership (ICP), of which the ICB will be a member alongside local authorities, the voluntary sector and other partners, to understand how the broader health and wellbeing improvement agenda can be tackled by public services. The ICP's integrated care strategy will be developed during 2022, and the ICB will respond to this strategy in developing joint NHS plan in the first part of 2023. We are already at the point of understanding and confirming the priorities we need to tackle within the NHS space, but it is important that these are also responsive to the needs of the broader partnership.

There remains further conversation on the roles of the ICP and the way in which the integrated care strategy is scoped and developed, and this will be clarified during the summer, ahead of activity to build the approach during the autumn. On the NHS side, we are to submit the integrated care strategy to NHS England by the 31st December 2022, and the NHS joint plan by the 31st March 2023. As highlighted in the Chair's report, our NHS plan will need to continue to reflect our approach to recovery, resilience and reform and seek to balance these correctly alongside our finance and workforce approaches. It is a significant task, but NHS Derby and Derbyshire is well placed to continue our track record of collaborative working to solve these challenges, and I'm very optimistic that we will deliver.

Chris Clayton
Chief Executive

Chief Executive calendar – examples from the regular meetings programme

Meeting and purpose	Attended by	Frequency
System CEO strategy meetings	ICB	Fortnightly
JUCD ICB Board meetings	ICB	Monthly
JUCD ICP Board meeting	ICB	Bi-Monthly
System Review Meeting Derbyshire	NHSE/ICB	Monthly
Executive Team Meetings	ICB Executives	Weekly
Derbyshire Chief Executives	CEOs	Bi Monthly
EMAS Strategic Delivery Board	EMAS/ICB	Bi-Monthly
Joint Health and Wellbeing Board	DCC/ICB/LA	Bi-Monthly
NHS Midlands Leadership Team Meeting	NHSE/ICB	Monthly
Joint Committee of CCG	Regional ICBs	Monthly
Outbreak Engagement Board	CEOs or nominees	Fortnightly
Partnership Board	CEOs or nominees	Monthly
Clinical Services and Strategies workstream	System Partners	Ad Hoc

Collaborative Commissioning Forum	ICB/NHSE	Monthly
System Transition Assurance Sub-Committee	ICB	Monthly
East Midlands ICS Commissioning Board	Regional CEOs/NHSE	Monthly
Team Talk	All staff	Weekly
JUCD Finance & Estates Sub Committee	ICB	Monthly
Midlands ICS Executive & NHSEI Timeout	ICB/NHSE	Ad Hoc
2022/23 Financial Planning	NHSE/ICB	Ad Hoc
ICB Development Session with Deloitte	ICB	Ad Hoc
Meeting with Derby and Derbyshire MPs	ICB CEO/Chair	Ad Hoc
Principles in Health Command	NHSE/ICB	Ad Hoc
Financial Assumptions & Risk	ICB CEOs/DOFs	Fortnightly
Social Care Pressures	ICB/Local Authority	Fortnightly
Ambulance Handover	EMAS/ICB	Fortnightly
ICB Remuneration Committee	ICB	Ad Hoc
Place & Provider Collaborative	ICB	Ad Hoc
Strategic Intent	ICB	Monthly

National developments, research and reports

Integrated Care Systems enshrined in law
On Friday, 1st July, each of the 42 integrated care systems became legally underpinned by an NHS integrated care board and an integrated care partnership, whose task is to drive the delivery of better, more efficient and joined-up care for patients, improvements in physical and mental health, and reductions in inequalities among the communities they serve.

NHS 74th Birthday
On the 5th July, the NHS marked 74 years of service. The NHS marked this milestone by showcasing how the NHS has innovated and adapted to meet the changing needs of each successive generation.

NHS App to offer video consultations by 2024
The NHS App will soon be updated with features to help offer people in England more personalised care. By March 2023, more users will receive messages from their GP and be able to see their medical records and manage hospital elective-care appointments. And by March 2024, the app should offer face-to-face video consultations.

Medical support worker role helps hundreds of refugees to become NHS doctors
Hundreds more international medics and refugees, including those from Ukraine, Afghanistan and Myanmar have joined the health service and are set to become NHS doctors, thanks to the introduction of a new medical support worker role.

Dame Deborah James: Cancer campaigner dies aged 40
Sadly, the 40-year-old host of You, Me and the Big C died last month following her bowel cancer diagnosis in 2016. She was given a damehood in May in recognition of her fundraising and help to raise awareness of bowel cancer.

Local developments

Engaging with the residents of Glossop
As part of Derby and Derbyshire's health and social care transition to becoming an Integrated Care System on the 1st July 2022, we welcomed Glossop to the Derbyshire system as the government boundary change announced in 2021 was enacted on the same day. Over recent months we have been working alongside system partners to provide opportunities for Glossop residents and colleagues working in health and social care to find out more, ask questions and share their thoughts. Our drop in session on Norfolk Square on Saturday, the 9th July was well attended and we were also at the Charlesworth and Chisworth Carnival on Saturday afternoon.

Deaf mental health awareness event brings community together
Nearly a hundred people gathered to discuss issues around mental health issues within the deaf community at Erewash Voluntary Action in Long Eaton.
The day was organised by Derbyshire Mental Health Forum, Communications Unlimited and Erewash Voluntary Action, and featured speakers on a range of topics, including IAT delivered by SignHealth and Suicide Prevention delivered by Derbyshire County Council.

Partnership work to support rough sleeping wins award
A Joined Up Care Derbyshire First Contact Rough Sleeper Paramedic is celebrating after recently picking up a Community Heroes Award at the MJ Awards for Local Government.
Tracey Cunningham is funded by Derby and Derbyshire Integrated Care Board (ICB), but employed by East Midlands Ambulance Service (EMAS) as a First Contact Rough Sleeper Paramedic, and is part of a multi-disciplinary team (MDT) that supports people who are sleeping rough in Derby City.

Derbyshire Dialogue – An update on new arrangements and ways of working for our Integrated Care System
This session on the 9th August 2022 at 2pm will be an opportunity to update on the new arrangements and ways of working for our Integrated Care System and to listen to the thoughts and experiences of residents and to respond to any questions they may have at this time.

Derbyshire County Council's Cost of Living campaign
Derbyshire County Council has put together lots of information and advice, designed to ensure that residents are getting all the support they need at a time when the cost of living is rising.

University Hospitals of Derby and Burton appoint Executive Chief Nurse
Garry Marsh has been appointed as Executive Chief Nurse for University Hospitals of Derby and Burton. Garry joined the Trust in May 2022 as Interim Chief Nurse and over the last few months has already shown his passion for delivering exceptional care.

Devoted Derbyshire NHS worker awarded medal by Royal College of Psychiatrists for contribution to mental healthcare
Derbyshire Healthcare colleague Simon Rose has received the prestigious President's Medal from the Royal College of Psychiatrists for his efforts to promote patient involvement in mental healthcare and psychiatry.

Healthwatch GP access survey
Healthwatch Derbyshire would like to hear from patients and the public about any impact the changes to their GP services may have had on them.

Identification of Key Risks					
Not applicable to this report.					
Have any conflicts of interest been identified throughout the decision making process?					
Not applicable to this report.					
Project Dependencies					
Completion of Impact Assessments					
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**	
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**	
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**	

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Not applicable to this report.					

Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

21st July 2022

	Item No: 24

Report Title	Joined Up Care Derbyshire Integrated Care System (ICS) Green Plan							
Author	Suzanne Pickering, Head of Governance Helen Dillistone, Executive Director of Corporate Affairs							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs							
Presenter	Helen Dillistone, Executive Director of Corporate Affairs							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – JUCD ICS Green Plan							
Assurance Report Signed off by Chair	Not applicable							
Which committee has the subject matter been through?	CG Governing Body – 7th April 2022							

Recommendations
The Board are recommended to **FORMALLY ADOPT** the Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS) Green Plan.
Purpose
The purpose of the paper is to provide details of the new JUCD ICS Green Plan and sets out our system ambition to reduce the carbon footprint of the local NHS. The final ownership and approval of the plan will be the responsibility of NHS Derby and Derbyshire Integrated Care Board (ICB) once it has been formally established.
Background
In 2020, the NHS launched the campaign "For a Greener NHS " and an Expert Panel, chaired by Sir Simon Stevens, set out a practical, evidence-based and quantified path to a 'Net Zero' NHS. In response to this call by the NHS for the ICS to develop a regional level approach to sustainability, the Derbyshire ICS Greener NHS Delivery Group, established and chaired by Helen Dillistone, Senior Responsible Officer for Net Zero, has worked together with support from an external consultancy to develop this ICS Green Plan. Each member organisation has its own individual Trust Green Plan, however this joint ICS Green Plan does not simply merge these individual plans; instead, it identifies elements which are better undertaken together, where co-ordination is required across organisations or where additional value can be brought to the system by working together.

As such, the ICS Green Plan sets out the sustainability plan and priorities for Derbyshire ICS for the next 3 years and will sit alongside, and build on, the individual Derbyshire Trust Green Plans.

Report Summary

The JUCD ICS Green Plan

The Green Plan presents the regional-level carbon footprint data and outlines the national drivers, local drivers and targets, and the ICS's commitment to sustainability. It summarises the organisation-level Green Plans, including carbon hotspots and the sustainability strategies employed to address them.

The Green Plan describes a total of eleven interventions through which the strategies and priorities of Derbyshire NHS Trusts and Partners will be coordinated and integrated. A separate action plan outlines the ways and timescales by which our organisations will be held to account over reducing carbon emissions and making progress on achieving net-zero.

The JUCD ICS Green Plan and Sustainable Action Plan is attached for assurance and approval by the Board.

The Derbyshire ICS Greener NHS Delivery Group is made up of the following organisations:

- Chesterfield Royal Hospital NHS Foundation Trust;
- Derby and Derbyshire Clinical Commissioning Group;
- Derbyshire Community Health Services NHS Foundation Trust;
- Derbyshire Healthcare NHS Foundation Trust;
- East Midlands Ambulance Service NHS Trust; and
- University Hospitals of Derby and Burton NHS Foundation Trust.

The Derbyshire ICS Green Plan has already been approved by the following Trust Boards:

- East Midlands Ambulance Services NHS Trust Board and Finance Committee approved the plan on the 1st March 2022. The feedback from the Board was positive and they asked how could the Board contribute more to the plan;
- Chesterfield Royal Hospital NHS Foundation Trust Board approved the plan on the 9th March 2022;
- Derbyshire Community Healthcare Services NHS Foundation Trust – The Trust Board gave delegated authority for the Quality Business Committee to approve the plan on their behalf on the 25th March 2022. The feedback from the Board was also positive however they had concerns regarding resources and funding to deliver the plan;
- University Hospitals Derby and Burton NHS Foundation Trust Board approved the Derbyshire ICS Green Plan 10th May 2022;
- Derbyshire Healthcare NHS Foundation Trust Board will approved the Derbyshire ICS Green Plan on the 10th May 2022; and
- The CCG Governing Body approved the plan on the 7th April 2022.

The Group, for certain areas of delivery, will also have a link to the work of the Anchor Institutions, and for Estates related matters will link with the Finance and Estates Committee.

The Derbyshire ICS Greener Group has representatives not just from each of the partner organisations, but also from relevant system workstream leads where there is natural link between priorities. For example, on strategic estates planning, and medicines management.

Identification of Key Risks
If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.
Have any conflicts of interest been identified throughout the decision-making process?
None identified
Project Dependencies
Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
A good Green Plan should help to support equality and diversity as a sustainable system will work for all people. Individual projects will have full Equality Impact Assessments as part of their planning.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☒	Air Pollution	☒	Waste	☒

Details/Findings
The Green Plan identifies the Carbon Net Zero targets required for the Derbyshire ICS, the action plan sets out the plan and timescales for delivery of the targets during 2022-2025.

Joined Up Care Derbyshire

ICS Green Plan

2022 - 2025

Contents

1.0 FOREWORD

There is increasing evidence of the impacts of climate change upon the environment and human health. The UK's Climate Change Act 2008 sets a national target to achieve net-zero carbon emissions by 2050. The NHS has acknowledged its responsibility in this agenda and has committed to achieving a net-zero health service by 2045.

As part of this commitment, NHS England has made it mandatory for all Trusts and Integrated Care Systems (ICSs) to produce a board-approved Green Plan which establishes a sustainability strategy for the next 3 years.

This Green Plan is our response to this call, establishing the system-level strategy for sustainability at Joined Up Care Derbyshire ICS. Firstly, it presents our regional-level carbon footprint data and outlines our commitment to sustainability. Then it summarises our organisation-level Green Plans, including our carbon hotspots and the sustainability strategies employed to address them.

Lastly, we present a total of 11 interventions through which the strategies and priorities of Derby and Derbyshire Integrated Care Partnership (ICP) will be coordinated and integrated. A separate document outlines the ways and timescales by which our organisations will be held to account over reducing carbon emissions and making progress on net-zero.

Organisations across the Derbyshire ICP stand ready to tackle the causes of climate change and are collectively committed to improving our sustainability credentials. This Green Plan provides the framework and pathway to embed sustainability at an ICS level and delivering these partnership actions, alongside individual organisational commitments, must be a shared priority.

Helen Dillistone
Net Zero Senior Responsible Officer, Derbyshire Integrated Care System

2.0 INTRODUCTION

2.1 Our ICS

Joined Up Care Derbyshire Integrated Care System is Derby and Derbyshire's recently formed ICS. We are constituted of a range of health and social care organisations, including local GP practices and NHS Trusts, which work collectively to plan, commission, and provide services to meet the needs of Derby and Derbyshire. We serve more than 1 million people across the East Midlands, including the populations of Derby city, Chesterfield, Ilkeston and Long Eaton, Amber Valley, the Derbyshire Dales, Bolsover District, High Peak, and Glossop (see Figure 1).

Our specialised services include treating cardiovascular, respiratory, and musculoskeletal diseases; strokes and cancers; and mental health problems. In addition, we have a core focus on preventative care, and work to ensure that factors contributing to poor health and health inequalities are addressed. We are passionate about our role in the local communities in which we serve and are keen to ensure that our impact on the environment is reduced.

Figure 1: Our Communities

2.2 What is Sustainability?

Sustainability has been defined by the United Nations Brundtland Report (1987) as:

"…development that meets the needs of the present without compromising the ability of future generations to meet their own needs…"

Sustainability is based upon environmental, economic, and social considerations. These three issues are often referred to as the 'three pillars of sustainability'. To maximise the sustainability of our organisation, all three of these pillars must be aligned. An intervention which focuses on the environment but neglects economic and social aspects cannot be considered sustainable. Therefore, a sustainability strategy, such as this Green Plan, must look to integrate all three pillars of sustainability as far as possible.

A sustainable health and care system can be achieved by delivering high quality care and improved public health without excessively depleting natural resources, costing too much, or negatively impacting the health and wellbeing of staff and patients (see Figure 2).

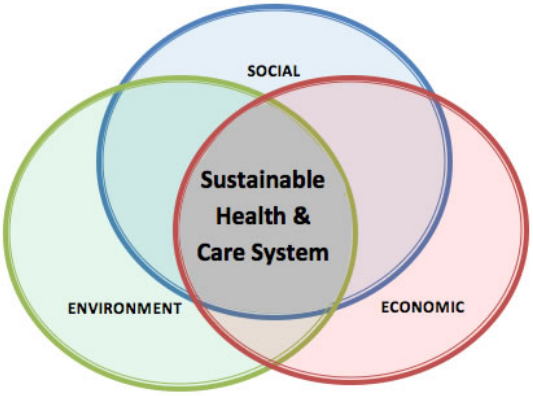

Figure 2: Model of Sustainability for the Health and Care Sector

Addressing a single issue like air pollution provides a strong example of how all three pillars of sustainability can be improved as per the example below.

Air pollution is caused by excess emissions of pollutants such as particulate matter and harmful gases. This creates a negative environmental impact, through the consumption of fossil fuels and natural resources, the pollution of the environment, and by contributing to climate change.

From a social perspective, air pollution causes and exacerbates cardiovascular, respiratory, and mental health issues. It is estimated that high levels or air pollution contributes towards an annual 40,000 premature deaths in the UK. Air pollution also disproportionately impacts more deprived communities, creating health inequalities.

The increased incidence of illness also creates an economic impact. People suffering illness caused by air pollution may become so ill that they cannot work, negatively impacting their financial status. Additionally, high rates of illness within a population place increased stress on the NHS due to higher patient numbers and associated costs. NHS activity leads to an increase in carbon emissions, which in turn contributes to air pollution and more illness which places yet more demand on NHS services.

Consequently, working to reduce carbon emissions from NHS activities can deliver a more sustainable and equitable health and care system, as reduced air pollution will reduce the environmental, social, and economic impacts of Joined Up Care Derbyshire ICS.

2.3 What is Carbon Net-Zero?

Carbon net-zero, often referred to as being 'carbon neutral', is defined as a state in which an organisation avoids emitting greenhouse gases (GHGs) through its generation and use of energy, travel, waste, medicines, and supply chain. Achieving net-zero carbon emissions is a core aim of national and local policy and a key driver of this Green Plan.

To achieve net-zero emissions, Joined Up Care Derbyshire ICS must reduce emissions as much as possible, and then offset the remaining emissions. Within the NHS, there are instances where the generation of carbon emissions is unavoidable, for example, the need for anaesthetics. Where emissions cannot be reduced to zero, carbon offsetting through investment into bio sequestration (e.g. tree planting) and technology-based carbon capture and storage can be utilised to offset the residual emissions and achieve carbon net-zero.

2.4 Our System Strategy

Delivering a net-zero NHS has the potential to secure significant benefits across the population, and particularly for vulnerable and marginalised populations, addressing existing health inequalities. These benefits will only be fully realised through public participation, involvement, and engagement with those communities as this work progresses, having regard to the need to reduce health inequalities and considering the public sector equality duty.

As a key priority, the NHS and the local system will be working to reduce air pollution and improve local environments, thereby supporting the development of local economies in geographical areas of deprivation.

The agenda of Joined Up Care Derbyshire ICS is summarised in the ICS's Health Inequalities Green Plan on a Page (see Appendix B). The ICS seeks to reduce the avoidable and unjust differences in health outcomes for the population of Derby and Derbyshire. To fulfil this vision, the ICS aims to ensure that all people of Derby and Derbyshire have an equal chance to start life well, live well and remain well. The workstreams that Joined Up Care Derbyshire ICS will undertake to support this agenda comprise several key actions.

2.4.1 Improve the estate and travel to increase access for staff and patients

The NHS estate and its supporting facilities services – including primary care, trust estates and private finance initiatives – comprises 15% of the total carbon emissions profile. There are opportunities for emissions reductions in the secondary and primary care estates respectively, with significant opportunities seen in energy use in buildings, waste and water, and new sources of heating and power generation.

Delivering a net-zero health service will require work to ensure that new hospitals and buildings are net-zero compatible, as well as improvements to the existing estate. Joined Up Care Derbyshire ICS's strategy will support the capital and estates elements of the net-zero agenda in several ways. To ensure that the most disadvantaged communities, staff, and patients can have equal access to the NHS estate, Joined Up Care Derbyshire ICS will promote active travel – through, for example, using salary sacrifice schemes – and next-best low carbon alternatives where possible.

To improve access to a greener estate, Joined Up Care Derbyshire ICS will also ensure that all opportunities to 'green' the estate are maximised, with a focus on those areas within the most deprived communities. Joined Up Care Derbyshire ICS are planning for all major refurbishments and new builds to consider the need to reduce emissions, and that wherever possible maintenance or the replacement of equipment is undertaken in a way that improves energy efficiency and reduces emissions. For example, in the coming years, a series of new developments within Derbyshire Healthcare NHS Foundation Trust will be built with the aspects of greenery and greenspace at the heart of its estate.

2.4.2 Align with the role of an anchor institution

An anchor institution is an institution that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy through sizeable assets used to build wealth through spending power, workforce, buildings, and land. Anchor institutions can make a positive impact on wider determinants of health, for example in terms of supporting improvements to socioeconomic factors. By adopting the role of an anchor institution, ICSs therefore can have greater capacity to reduce health inequalities.

The role of an anchor institution is one that Joined Up Care Derbyshire ICS is looking to align to, and is considered a core component of the ICS's development. Joined Up Care Derbyshire ICS has established a System Anchor Group to develop its plans and approaches as anchor institutions. The System Anchor Group has linked formally with the NHS Derby and Derbyshire Integrated Care Board (ICB), as well as other system groups such as the People and Culture Board and the Derby City and Derbyshire County Health and Wellbeing Boards (HWBs).

Through this group, a range of priorities and opportunities that exist for Derbyshire's people and communities have been identified and progressed. These opportunities mainly pertain to our workforce and employability, due to the significant impact that Covid has had on the employment, health, and wellbeing of communities across the county. Recruitment, pay and working conditions, training and development, and health and wellbeing all form key priorities moving forward, and alongside our estate plans form a core component of our Green Plan.

2.5 About this Green Plan

This Green Plan sets out the organisational strategy for sustainability at Joined Up Care Derbyshire ICS for the next 3 years, and responds to a call by the NHS for the ICS to develop a regional level approach to sustainability based on the sustainability strategies of their member organisations. It summarises and presents the interventions through which the strategies of the NHS Trusts of Joined Up Care Derbyshire ICS will be coordinated and integrated, whilst addressing the priorities of system-wide partners.

This Green Plan is structured as follows. Section 3.0 reviews the local and national legislative drivers and contractual requirements with which Joined Up Care Derbyshire ICS must align and establishes several targets to achieve a more sustainable performance. Section 4.0 details the carbon footprint of Joined Up Care Derbyshire ICS on both regional and Trust-level scales; discusses data on carbon emissions associated with the ICS's procurement processes; and provides narration on the actions that the Trusts of Joined Up Care Derbyshire ICS have determined in their Green Plans to address their respective environmental aspects. Section 5.0 outlines Joined Up Care Derbyshire ICS's commitment to sustainability and the methodology by which the ICS has gone about determining its combined sustainability strategy. Lastly, section 6.0 details Joined Up Care Derbyshire ICS's strategic sustainability objectives, the interventions that the ICS will deliver, and an explanation for how they will be delivered in an integrated way. It also outlines the benefits of the joint interventions and by whom they shall be led.

The successful delivery of this strategy will require commitment in resources both from within existing capacity but also may require additional funding for some of the actions. Where actions may require additional resource this will need to be assessed and agreed as appropriate by the relevant organisations and through appropriate system governance.

A separate Sustainable Action Plan to be delivered at the ICS level has also been provided as a framework to support the implementation of specific interventions and help monitor Joined Up Care Derbyshire ICS's sustainability progress (see Appendix A). It details how and by when the Trusts of Joined Up Care Derbyshire ICS will be held to account over reducing carbon emissions and making progress on net-zero.

This Green Plan was developed over the winter of 2021-22 and [has been approved by the ICS's respective NHS Trusts]. These include Chesterfield Royal Hospital NHS Foundation Trust (CRHFT), Derbyshire Community Health Services NHS Foundation Trust (DCHS), Derbyshire Healthcare NHS Foundation Trust (DHCFT), East Midlands Ambulance Service NHS Trust

(EMAS), and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB). The Green Plan [will also be approved by the formal statutory NHS Derby and Derbyshire ICB in July 2022]. The actions and interventions included within this plan will start to be implemented from early 2022, with the timeframe of delivering the activity being 2022 to 2025.

3.0 THE REQUIREMENT FOR SUSTAINABLE HEALTHCARE ORGANISATIONS

A report published last year by the Intergovernmental Panel on Climate Change (IPCC) followed decades of updates which stressed the threats that climate change poses to the environment. In recent years, climate change has also been recognised as a significant risk to human health. The World Health Organisation (WHO), British Medical Association, and various Royal Colleges are just some of the organisations which view climate change as the greatest threat to global health of the 21st century. The urgency to act on sustainability is mirrored by various levels of guidance and legislation to which Joined Up Care Derbyshire ICS and this Green Plan responds.

3.1 Driving the Net-Zero Transition in Healthcare

3.1.1 National Drivers

In accordance with the Climate Change Act 2008, the UK has established a mandatory target to reduce carbon emissions to net-zero by 2050. The NHS is the UK's largest public sector employer and contributes up to 5% of the nation's carbon emissions. Therefore, it is essential that the organisation plays a vital role in supporting this national target.

In 2020, NHS England and Improvement (NHSE&I) released a report called *Delivering A Net Zero National Healthcare Service* which provides a sector-wide approach for achieving decarbonisation objectives in healthcare settings. Alongside a range of potential pathways, the plan sets two net-zero targets – to achieve net-zero by 2040 for the NHS Carbon Footprint and by 2045 for the NHS Carbon Footprint Plus. Figure 3 illustrates the scope of these two carbon footprints.

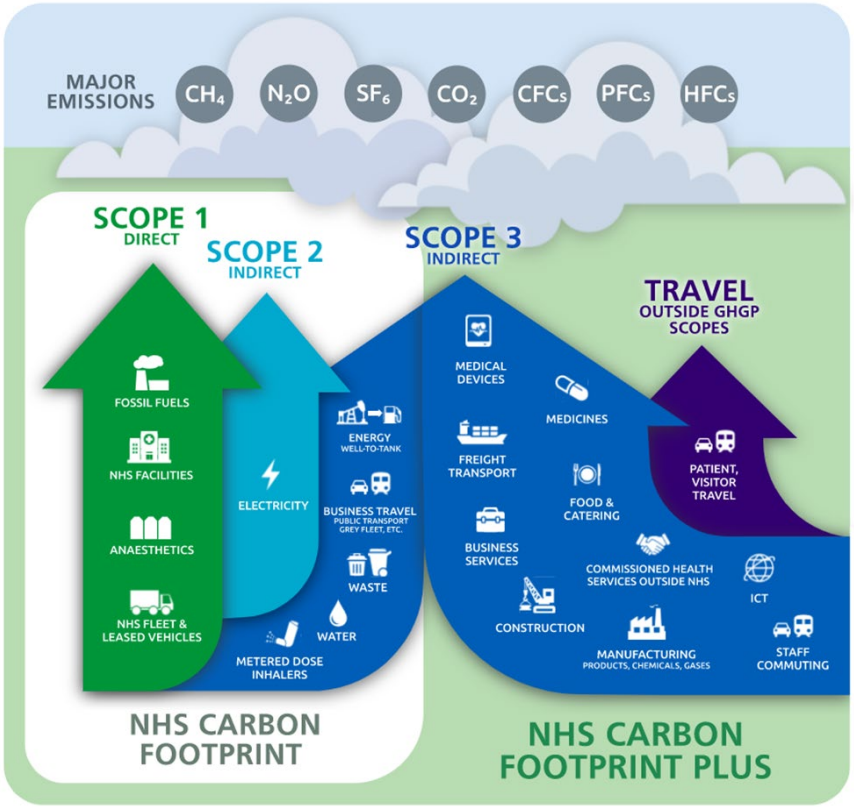

Figure 3: NHS Greenhouse Gas Emission Scopes

Simultaneously, the "For a Greener NHS Campaign" was published by the Chief Executive Officer (CEO) of NHSE&I, which provides top-down support to NHS organisations to decarbonise their operations, reduce their impact on the environment, and improve health. The campaign builds upon the work already being carried out within the NHS to improve sustainability, and will ensure that high-level backing is provided to support NHS organisations in their work to become net-zero.

To become a net-zero health service, reduce air pollution, and reduce waste the NHS requires the commitment of all Trusts, staff, and partners. An expert panel has subsequently been formed to map the best path for the NHS to become carbon net-zero, the findings of which shall be continually reviewed by the ICS and used to update this plan as required.

Additional drivers for sustainability in the NHS are set out in a suite of organisation-specific documents, which include the following:

- NHS Long Term Plan
- NHS Standard Service Contract 2021/22
- NHS Operational Planning and Contracting Guidance
- Delivering a Net Zero National Health Service

The *NHS Long Term Plan* details the method by which the NHS will develop until 2030, and includes considerations pertaining to sustainable development. The *NHS Standard Service Contract 2021/22* highlights several targets and objectives associated with sustainability within the NHS, including the reduction of water used and waste generated. The *NHS Operational Planning and Contracting Guidance* provides advice on the actions required to assist the organisation in achieving the national carbon reduction targets and to improve the NHS's resilience.

Delivering a Net Zero National Health Service provides details on the modelling and analytics that have been used to determine the NHS carbon footprint and future projections. It also covers the actions that will be implemented by the organisation to reduce emissions, including a series of immediate actions that must be taken to meet the 2040 net-zero target. To ensure that the NHS is on track to meet its long-term commitments and retains the ambition it requires to achieve them, this report will be continuously reviewed.

Significant progress has already been made on reducing carbon emissions within the NHS, with a 62% reduction between 1990 and 2020 having been achieved nationally through the implementation of several strategies. However, as climate change is growing in significance and the time available to address the problem diminishes, the number and scope of drivers for change are expected to increase. The NHS is continually updating guidance to ensure the organisation is tackling climate change effectively. This includes the new *Net Zero Carbon Hospital Standard*, which establishes best practice requirements for the integration of sustainability in capital projects and energy efficiency. Joined Up Care Derbyshire ICS will continue to engage with the NHS's sustainability agenda and will monitor legislation and guidance changes as progress towards net-zero is made.

3.1.2 Local Drivers

The Local Authorities across the region in which the Trusts of Joined Up Care Derbyshire ICS operate have responded to the increasing pressure to act on climate change. In 2019, Derby City Council formally declared a climate emergency. Both Derby City Council and Derbyshire County Council have also established targets in accordance with national guidance to achieve carbon neutrality across the region.

Achieving the targets established across the above local authority areas will require all actors to make a sustained effort, and there is a clear commitment to reducing carbon emissions to net-zero throughout the region with the offering of support from the above partner organisations. Across the broad network of members in which Joined Up Care Derbyshire ICS operates, a collaborative approach will be taken to reducing emissions, as set out in this Green Plan.

3.2 Our Targets

In line with the series of national and local drivers outlined above, the Trusts of Joined Up Care Derbyshire ICS will aim to achieve the following targets:

3.2.1 Carbon Reduction

- Achieve a 100% reduction of direct carbon dioxide equivalent (CO2e) emissions by 2040. An 80% reduction (from a 1990 baseline) will be achieved by 2032 at the latest.

- Achieve a 100% reduction of indirect CO2e emissions by 2045. An 80% reduction (from a 1990 baseline) will be achieved by 2039 at the latest.

3.2.2 Air Pollution

- Convert 90% of the fleet to low, ultra-low and zero-emission vehicles by 2028.

- Cut air pollution emissions from business mileage and fleet by 20% by March 2024.

3.2.3 Waste

- Adopt a Zero to Landfill policy.

4.0 OUR ENVIRONMENTAL ASPECTS & STRATEGIES

Joined Up Care Derbyshire ICS is formed of five NHS Trusts, each of which accounts for a portion of the regional carbon footprint. Recent data reveals that the ICS's 2019-20 NHS Carbon Footprint emissions (Scopes 1 and 2) totalled 94,920 tCO2e, much of which derived from electricity and gas used to power buildings, business travel, and metered dose inhalers (see Figure 4). The carbon emissions associated with EMAS's fleet, data for which has been absorbed by Joined Up Care Derbyshire ICS due to its role as lead commissioner, also equalled 7,500 tCO2e in 2020-21, which in addition to the above equals an annual Carbon Footprint of roughly 102,420 tCO2e.

Meanwhile, Joined Up Care Derbyshire ICS's NHS Carbon Footprint Plus emissions (Scope 3) totalled 444,250 tCO2e in 2019-20, the majority of which came from the procurement of medicines and equipment, and some of which related to the commuting patterns of the ICS's workforce (see Figure 5). It is important to note that the Carbon Footprint Plus data below is not fully representative of the ICS's indirect emissions, and further information regarding the ICS's procurement related emissions can be found in the following section. Data is being continuously refined, and Joined Up Care Derbyshire ICS seeks to improve the reporting of its carbon footprint in years to come.

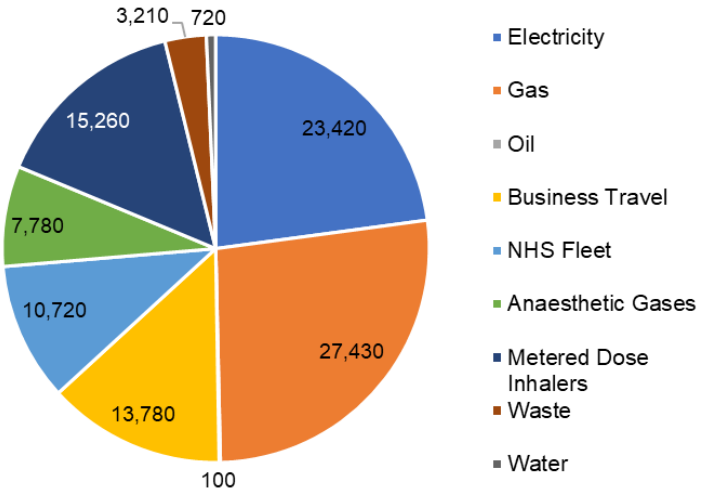

Figure 4: JUCD ICS Carbon Footprint (tCO2e)

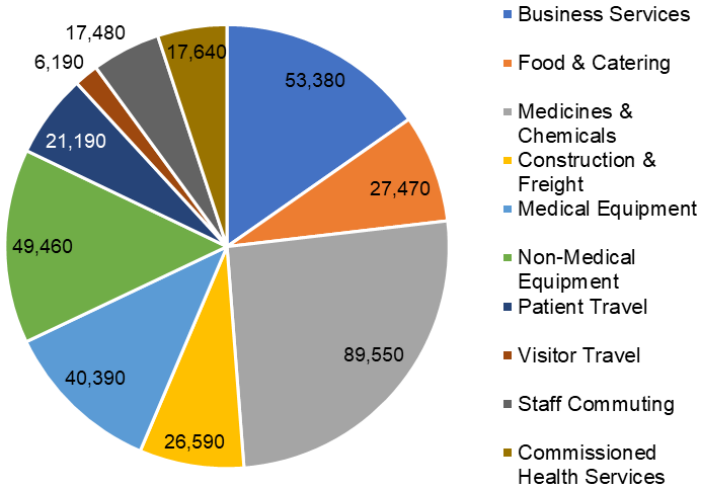

Figure 5: JUCD ICS Carbon Footprint Plus (tCO2e)

These graphs show Joined Up Care Derbyshire ICS's Carbon Footprint (Figure 4) and Carbon Footprint Plus (Figure 5) emissions from 2019-20 (including more recent data where necessary). The footprints are broken down into several categories, each of which is listed to the right of the graphs and represented by a colour.

The order by which these categories are listed corresponds to the order by which they appear in a clockwise sequence within the graphs. For example, in Figure 4, the first listed category of 'Electricity', represented by a medium blue, corresponds to the first wedge from the top of the graph reading '23,420 tCO2e'. The second listed category of 'Gas' corresponds to the orange wedge as found in clockwise direction after the 'Electricity' wedge.

In some cases, the quantity of carbon emissions associated with a particular category is comparatively small. For example, the use of oil across the ICS, which has been largely phased out and only used as a back-up energy supply, produced a total of only 100 tCO2e in 2019-20. Consequently, the grey coloured category of 'Oil' in Figure 4 is difficult to visualise. In such instances, the associated carbon emissions are represented only by the numerical figure which can be found around the edge of the graph next to the thin non-visible wedge it relates to.

4.1 CO2 Procurement Analysis

[Placeholder for procurement analysis]

The following sections provide summaries of each of Joined Up Care Derbyshire ICS's organisation-level Green Plans. Firstly, the Trusts' main environmental aspects and carbon hotspots are highlighted. Following this, each organisation's key actions, which have been determined at a Trust-level to address these aspects, are detailed. It is important to note that the data included has been provided by each Trust and has not been verified at a system-level. It is also important to note that the carbon data provided by each Trust was varied in size and scope. As such, the data discussed is indicative of our organisations' impacts and requires further analysis, a factor we are committed to working on, as will be outlined in Section 6.9.

4.1 Chesterfield Royal Hospital NHS Foundation Trust (CRHFT)

CRHFT is a medium-sized Trust employing around 3,400 staff and providing a range of health services to over 375,000 people. Its role as an acute care provider means that its carbon footprint large and diverse.

In 2019/20, its NHS Carbon Footprint totalled 9,567 tCO2e, formed mainly from the consumption of gas (5,757 tCO2e) and electricity (3,693 tCO2e). A reduction of 19% in total carbon emissions has been achieved since the Trust's baseline year of 2013/14. However, it is important to note that the Trust's Carbon Footprint does not include emissions other than those related to energy use in buildings, whilst its NHS Carbon Footprint Plus emissions have not been quantified. Consequently, there remains work to be done by the Trust to make progress on the NHS's 2040 and 2045 net-zero targets.

Over the next 4 years, the organisation will undertake actions across several areas to address its carbon footprint more urgently. CRHFT's Green Plan underlines the importance of its workforce in becoming a more sustainable organisation, with actions such as the integration of sustainability within recruitment processes and staff training. The Green Plan also has a focus on continuous improvement, with ambitions to replace carbon-intensive anaesthetic gases and assess the efficiency of delivery pathways concerning metered dose inhalers. The most pertinent action to address its quantified sources of carbon are the Trust's plans surrounding asset management and utilities. Emissions associated with energy usage will be reduced through a series of energy efficiency schemes, a switch to 100% renewable energy, and the use of more sustainable approaches to generating heat and power across its estate.

4.2 Derbyshire Community Health Services NHS Foundation Trust (DCHS)

DCHS is one of the largest Community Trusts in England providing specialist community health services. It employs over 4,200 staff and serves an average of 4000 patients per day across a range of community hospitals, clinics, GP practices, schools, care homes, and through visits to homes. Due to the wide geography across which its services are delivered, its carbon footprint is equally as expansive.

In 2020/21, its NHS Carbon Footprint totalled 7,775 tCO2e, formed mainly from the use of gas and oil (4,890 tCO2e), electricity (1,703 tCO2e), and business travel (1,057 tCO2e). Meanwhile, its NHS Carbon Footprint Plus adds 22,300 tCO2e, derived from the inclusion of

Procurement (20,489 tCO2e), commuting (1,557 tCO2e) and patient and visitor travel (254 tCO2e). This means that the Trust's total combined Carbon Footprint Plus for 2020/21 equaled 30,074 tCO2e. It should be noted that the above data does not yet include emissions from areas such as anaesthetic gases and metered dose inhalers, but these are relatively low for DCHS as a community trust. The Procurement emissions figures have only just been calculated, so further analysis is still required on these figures.

DCHS's Green Plan outlines the Trust's plans to undertake action on several key areas to reduce its carbon emissions over the next 3 years. First and foremost, the Trust will move away from unsustainable forms of heating and lighting through increased use of renewable energies, and improve the energy efficiency across its buildings through measures such as estate rationalisation. The Trust's reliance on business travel and outpatient visits has also led the Green Plan to highlight the need to reduce the use of transport by staff and patients. Consequently, actions include delivering services through digital means such as telehealth wherever appropriate, through optimised arrangements such as mobility hubs and centrally located treatment rooms, and offering staff alternative means of transport. Additionally, to make progress on the monitoring of Scope 3 emissions, DCHS will work with partners to comprehensively assess procurement-related carbon to identify the areas to be targeted for the most significant future reductions.

4.3 Derbyshire Healthcare NHS Foundation Trust (DHCFT)

DHCFT provides mental health, learning disabilities, substance misuse services, and children's services to a population of around 1 million people. It employs over 2,800 staff operating from a series of community bases across the county. Its role as a mental health and community services provider means that its carbon footprint is reasonably small.

In 2020/21, its NHS Carbon Footprint totalled 3,226 tCO2e, formed from the use of energy across its sites. However, this figure does not include those carbon emissions associated with other primary sources such as business travel which may be significant due to the wide area across which the Trust travels and operates. The Trust plans to transform its existing estate in future years through the addition of new builds and upgrades. Resultingly, efforts to achieve the NHS's 2040 and 2045 net-zero targets must continue to be made by DHCFT.

The organisation's Green Plan outlines the actions it will take over the next 3 years to reduce carbon emissions and make progress on sustainability. To tackle the emissions associated with energy use across its estate, several key interventions involve running energy efficiency schemes and embedding a sustainability philosophy into all capital projects. To counter the emissions associated with business travel, a core element of DHCFT's sustainability strategy also involves taking advantage of digital solutions to increase the efficiency and flexibility of working processes and the delivery of care.

4.4 East Midlands Ambulance Service NHS Trust (EMAS)

EMAS provides emergency and non-emergency services for approximately 4.8 million people across 5 counties. The Trust operates from over 70 premises across the East Midlands, including ambulance stations, control centres, fleet workshops, educational centres, and administrative offices.

In its Green Plan, EMAS provides an overview of the actions it will take throughout the next 3 years to tackle its carbon footprint. Operating 800 vehicles, the trust's fleet makes up 65% of the trust's direct emissions. Electric vehicle charging is therefore a priority to support the decarbonisation of the fleet which will have the biggest impact on reducing emissions. Some of the Trust's fleet-based emissions are currently largely unavoidable until technology develops, so non-emergency vehicles are being transitioned to zero emission first.

To tackle business travel emissions, travel policies will be revised to include environmental considerations, work will be conducted online where possible, and awareness over the impact of avoidable business travel will be promoted amongst staff.

EMAS will explore initiatives to reduce the climate impact of anaesthetic gas use, whilst building energy will be made more sustainable through the procurement of renewable alternatives and improvements to building efficiency.

4.5 University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)

UHDB is one of the largest hospital Trusts in the UK, comprised of hospitals located across 5 sites. It is responsible for managing acute, obstetrics and neonatal healthcare for a population of over 750,000 people. Given its significant size and scope, The Trust has a correspondingly large carbon footprint.

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

In 2020/21, its overall carbon footprint totalled 131,148 tCO2e, primarily constituted from procurement (122,994 tCO2e), utilities (4657 tCO2e), and food (2488 tCO2e). UHDB has managed to reduce its emissions by 35% since 2018/19, however there is clearly much greater progress to be made to achieve the NHS's 2040 and 2045 net-zero targets.

UHDB's Green Plan details of several key areas in which its carbon emissions shall be reduced over the coming years. A significant action focuses on the mobilisation of its workforce in the sustainability agenda, underpinned by interventions such as raising awareness of topics like sustainable procurement and waste management. Another important set of actions are focused on travel, with interventions such as offering cycling facilities and developing expenses policies to incentivise use of sustainable transport. Finally, the Trust has a core interest in enhancing the quality of greenspace through biodiversity plans, monitoring, and grounds work for the dual benefit of improving physical and mental wellbeing and carbon sequestration.

5.0 OUR COMMITMENT TO SUSTAINABILITY

As an ICS of diverse organisations, we recognise our responsibility to urgently minimise our contribution to climate change to improve the wellbeing of our local population. The health of Derbyshire's communities is notably affected by issues like air pollution, and are thus more vulnerable to the health problems it creates.

The Trusts of Joined Up Care Derbyshire ICS already have a strong commitment to sustainability. We want to ensure that high-quality care is provided in a way which does not negatively impact the environment, achieves positive financial performance, and contributes to the wellbeing of our communities. We have formed a series of strategic sustainability objectives to demonstrate this commitment and make progress on our targets.

5.1 Methodology

Our sustainability strategy has been developed using a structured process. Firstly, a review of sustainability across Joined Up Care Derbyshire ICS was undertaken. This involved scoping each Trust's Green Plan to understand the environmental impacts of the ICS's members and list the actions that have been formed by each to address carbon reduction. A combined total of 251 actions were identified and then grouped under thematic headings to assist their interpretation. These thematic headings were based on the Sustainable Development Action Tool (SDAT), a framework created by the NHS's Sustainable Development Unit (SDU) for exploring and tracking progress made on sustainability within the NHS. A new sustainability action framework is currently being developed for the NHS. Consequently, some of our Trust-level Green Plans have used the SDAT to categorise their actions, whilst some have not. To make our data collection consistent and enable the simplification and streamlining of the resulting analysis, the SDAT was selected as a thematic tool.

Secondly, an analysis was conducted of the actions identified. A trust-action matrix tool (see Figure 6) was used to uncover common themes and opportunities between Trusts which demonstrated potential for partnership working and collective implementation. These overlapping action areas are underpinned by a combined total of 213 relevant actions which were sourced from the prior review of individual Trust Green Plans (and do not constitute an action plan for the ICS Green Plan). The resulting action summaries are by no means exhaustive in agglomerating interventions committed to at an individual level. Where Trusts have committed to actions which diverge from the interests of others, these were excluded unless they reasonably contributed towards system-level priorities. Conversely, some of the action areas may indeed be new for organisations within Joined Up Care Derbyshire ICS. In these cases, the action areas resemble a work-in-progress for the Trusts who will look to progress their own actions to achieve synergy with Joined Up Care Derbyshire ICS's areas of interest.

SDAT Module	Action Summary	Relevant Actions
Our People	Education, training & engagement	35
	Transformation & continuous improvement	47
	Anchor institution & community focus	15
Sustainable Care Models	Digitisation of work & practice	19
Travel & Logistics	Active travel	16
	Electric vehicles & infrastructure	19
Asset Management & Utilities	Energy efficiency	10
Adaptation	Adaptation planning	7
Carbon & GHGs	Data monitoring & analysis	7
Corporate Approach	System sustainability	20
Sustainable Use of Resources	Waste management	18

Figure 6: Joined Up Care Derbyshire ICS's
Current Organisation Sustainability Themes and Actions

The development of the strategic sustainability objectives was then established, with the resulting interventions developed through an assessment of their deliverability. This included a consideration of the roles required to coordinate the interventions at a system-wide level and the organisations best placed to adopt these roles, and the benefits that each intervention may present such as carbon or cost savings and social value aspects. A risk assessment of each intervention and the generation of associated mitigation measures was also undertaken.

To inform the plan and shape a joined-up sustainability strategy, a workshop was conducted with senior leaders and colleagues from across Joined Up Care Derbyshire ICS. A discussion was held over the merits of each intervention being jointly delivered, which enabled the further shortlisting and refinement of the interventions. The workshop concluded with the establishment of consensus amongst partners on the interventions to be pursued and the ICS-wide strategic objectives to be expressed. To ensure the strategy reflects the priorities of wider regional actors, further discussions were held with key partners such as Derbyshire County Council, Derby City Council, and GP Practices which play a significant role in meeting sustainability targets.

Our strategic sustainability objectives have been created to support Joined Up Care Derbyshire ICS's overall strategic objectives on improving health and patient care, addressing health inequality, and building a resilient healthcare system. By undertaking the interventions outlined in the following section, the ICS will make progress on realising its vision to become a sustainable healthcare organisation.

6.0 OUR JOINED-UP SUSTAINABILITY INTERVENTIONS

The visions and strategic sustainability objectives of Joined Up Care Derbyshire ICS are presented in Table 1. A timeline for the associated interventions and their expected completion dates has also been provided (see Figure 7). Further details of these objectives are presented in Appendix A.

Vision	Strategic Objective
An agile and informed workforce which understands sustainability and is empowered to make sustainable choices in their professional and personal lives.	Promote and increase awareness of sustainability through communications, education, and training.
An ICS where low-carbon best practice is readily identified, shared, and rolled out between partners.	Provide an ICS-wide forum for discipline-specific collaborative professional networks.
An anchor institution which improves the physical and mental health of its patients and communities, addresses health inequalities, and helps to build a resilient healthcare system.	Create and operate an ICS-level community outreach hub through which initiatives can be promoted and signposted to those disadvantaged by health inequalities.
An ICS which strategically utilises digital innovation.	Collectively utilise and share digital platforms and applications to increase the efficiency of working practices and care.
An inspired workforce and patient base who feel confident and incentivised to make active transport choices where able to do so.	Collectively promote, encourage, and provide access to active travel options through consistent communications.
An ICS which is prepared for the nation-wide transition to zero emission vehicles.	Establish and consolidate an ICS-wide system of shared charging point infrastructure for staff and Trust electric vehicles.
An ICS of driven and committed partners which pursue energy reduction and efficiency measures.	Collectively utilise a 100% renewable energy provider and seek additional energy efficiency opportunities.
An ICS which is prepared for a future of uncertain climatic conditions.	Collectively develop a strategy for enhancing the resilience of care to extreme weather events.
An ICS which has detailed oversight and knowledge of its carbon footprint to drive systemic change through data-led intelligence.	Build a network of accountable trans-departmental figures to investigate, monitor, and collate carbon data associated with the ICS's activities.
An ICS where sustainability has been mainstreamed into systems and processes to improve environmental health, social value, and staff experiences.	Create a strategy for developing and embedding sustainability throughout all ICS activities.
An ICS which adopts the circular economy.	Develop guidelines for dealing with materials and waste in an environmentally sound and uniform approach.

Table 1: Our Strategic Sustainability Objectives

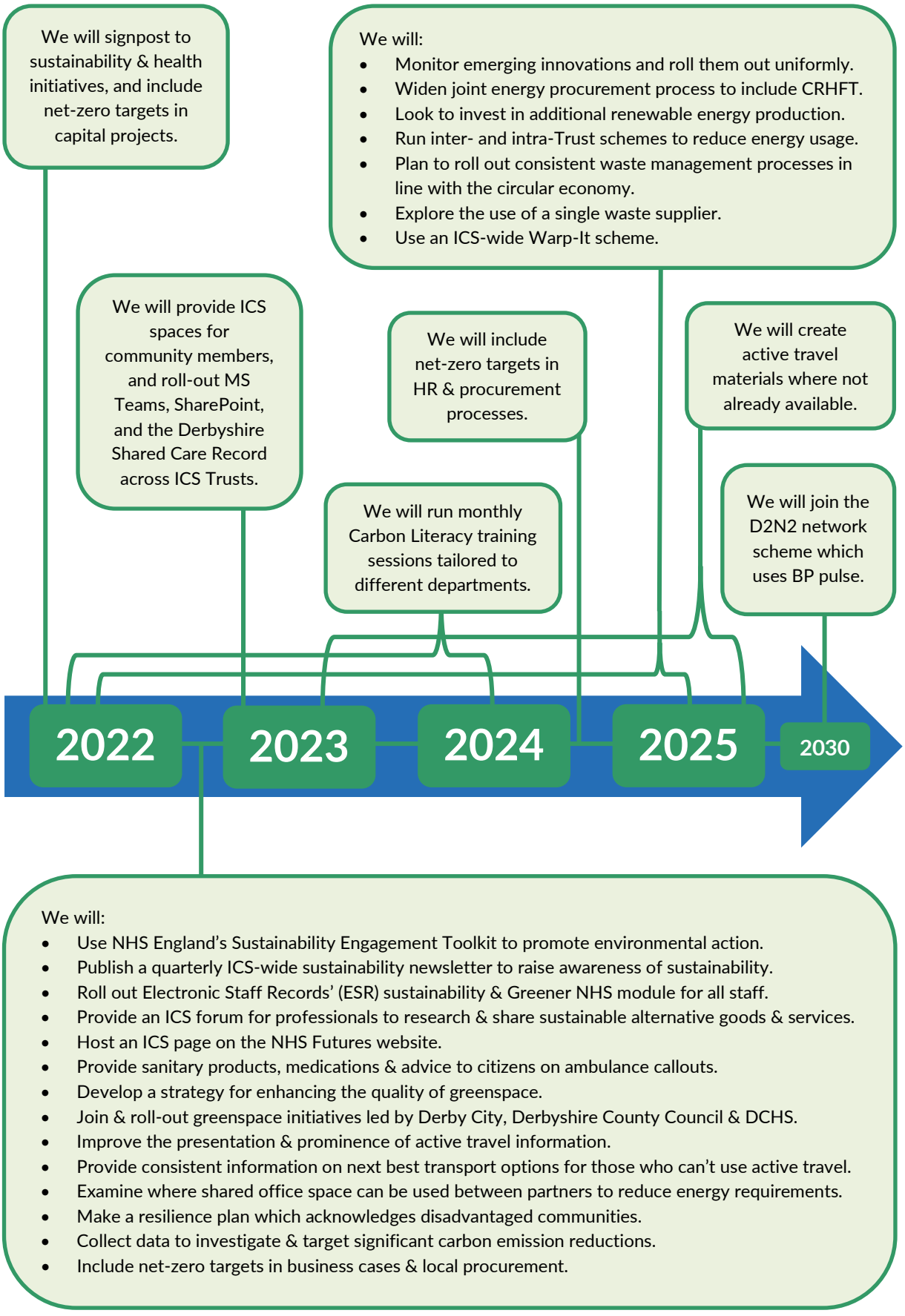

Figure 7: Joined Up Care Derbyshire ICS's Timeline for Sustainability Interventions

6.1 Promote and increase awareness of sustainability

A common vision amongst Joined Up Care Derbyshire ICS is that of workforce which feels empowered to make sustainable lifestyle choices as a result of an increased understanding of sustainability. To achieve this, we will jointly promote and increase awareness of sustainability through communications, education, and training arrangements. Overseen by our ICS HR Lead, our actions will include publishing a quarterly sustainability newsletter, running monthly Carbon Literacy sessions across different departments, and rolling out sustainability and Greener NHS modules for all staff. Awareness-raising efforts will also be underpinned by the Greener NHS Campaign Toolkit, which provides guidance and resources for engaging staff in sustainability. Joined Up Care Derbyshire ICS is hopeful that the collective mobilisation of our workforce across the region will build a regional culture shift and create greater savings in both carbon emissions and costs.

6.2 Provide an ICS-wide forum for professional networks

Joined Up Care Derbyshire ICS seeks to become an ICS where best practice concerning low-carbon products and practices is readily identified, shared, and rolled out. To achieve this, the ICS will provide a regional forum for discipline-specific professionals to collaborate and share knowledge. A new ICS-level Sustainability Coordinator will create, facilitate, and coordinate a forum for staff to research and assess sustainable alternatives to carbon-intensive works, goods, and services. To build interest in the forum, we will host an ICS page on the NHS Futures website, and use the quarterly sustainability newsletter to promote the forum's activities and achievements. The sharing of best practice will increase the likelihood that goods are purchased by Trusts in the most environmentally and financially efficient manner.

6.3 Create an ICS-level community outreach hub

An overlapping vision of the Trusts of Derbyshire ICS is for all Trusts to enhance their roles as anchor institutions which improve the health of their communities, address health inequalities, and help to build a resilient healthcare system. This agenda is summarised in Joined Up Care Derbyshire ICS's Health Inequalities Green Plan on a Page (see Appendix B). To realise this ambition, the ICS will create and operate a system-level community outreach hub where initiatives and opportunities can be promoted to enable disadvantaged groups to access them. We will signpost, join, and roll-out a series of existing initiatives such as 'Warmer Derbyshire' led by Derbyshire County Council to address the wider environmental determinants of health. However, our actions will extend beyond mere promotion. We will also seek to provide spaces such as meeting rooms for community group activities, and sanitary products, medications, and advice on ambulance callouts. Lastly, we plan to develop an ICS-wide strategy for enhancing the quality of greenspace across our Trusts to realise the co-benefits of reduced air pollution and carbon emissions, and increased physical and mental health. The involvement of local people in the ICS's activities, including greenspace initiatives, will enhance relationships within and between the organisation and communities.

6.4 Collectively utilise digital platforms and applications

Joined Up Care Derbyshire ICS aspires to become an ICS which strategically utilises digital innovation for the benefit of its workforce, patients, and the environment. To achieve this, we plan to collectively use and share digital platforms and applications to increase the efficiency of working practices and care. Overseen by the Derbyshire Digital and Data Board, we plan to roll out applications such as MS Teams, SharePoint, and the Derbyshire Shared Care Record across our Trusts, as well as uniformly monitoring emerging technological approaches and

digital innovations. The transition to digital services in care will lead to increased carbon savings, whilst sharing applications may save costs on subscriptions.

6.5 Collectively promote, encourage, and provide access to active travel

Joined Up Care Derbyshire ICS has a vision of an inspired workforce and patient base who feel confident and incentivised to make active transport choices. To realise this ambition, we will seek to collectively promote, encourage, and provide access to active travel through consistent communications across the ICS. Led by our organisation-level Travel and Transport Leads, our actions will include the creation of active travel information and materials, and provision of signposting across our Trusts and partners to ensure the information is available and accessible. For those who cannot use active transport methods, the ICS will provide information on next-best alternatives. Joined Up Care Derbyshire ICS hopes that the collective promotion of active travel will lead to healthier communities and reduced future pressures on the region's health services.

6.6 Establish an ICS-wide system of charging points

Joined Up Care Derbyshire ICS aspires to become an ICS which is prepared for the nation-wide transition to zero emission vehicles. A timely opportunity has arisen for the ICS to achieve this by aligning itself with regional plans for a system of shared EV infrastructures. Once more led by our Travel and Transport Leads, early-stage discussions are currently being held regarding the opportunity for the ICS to join Derbyshire County Council's D2N2 network scheme. This scheme will see the construction of an additional 782 BP pulse charging points to an existing 218 by 2025 for sharing between NHS staff and patients, other public sector organisations, and wider communities. If successful, the upscaling and standardisation of charging points across the region will provide Joined Up Care Derbyshire ICS with a reliable, secure, and consistent supply of electricity underpinned by joint procurement costs.

6.7 Collectively utilise a 100% renewable energy provider

Joined Up Care Derbyshire ICS strives to become an ICS of driven and committed partners which pursue energy reduction and efficiency opportunities. To fulfil this ambition, we will seek to collectively utilise a 100% renewable energy provider and explore other energy efficiency measures. Our organisation-level Energy Managers will oversee the integration of CRHFT into our existing joint energy procurement process. In addition to purchasing REGO-backed energy, we will also look to invest in increased renewable energy production through PPAs at a local scale for private use by the ICS. Our other actions involve examining where office space can be shared between partners, and running a series of inter-and-intra Trust schemes to both optimise and drive down energy usage. The collective use of a single energy supplier and competitions will lead to savings in both carbon and costs.

6.8 Collectively develop a strategy to enhance the resilience of care

The potential impacts of climate change pose a threat to the health and safety of future generations. Joined Up Care Derbyshire ICS seeks to be prepared for a future climatic uncertainty through the collective development of a strategy to enhance the resilience of care to extreme weather events. Our emergency planning group Leads will create a resilience plan – scoped with the assistance of the National Audit Office's Climate Change Risk Assessment Guide, and applied through an ICS workshop – which pays particular attention to the potential impacts of climate change on disadvantaged communities. An ICS-wide approach to adaptation is hoped to enhance the resource security of our Trusts across the region.

6.9 Build a network of trans-departmental figures to collate carbon data

A common vision amongst the members of Joined Up Care Derbyshire ICS is that of an ICS which has extensive oversight and knowledge of its carbon footprint to drive associated reductions in emissions. As seen in Section 4.0, the data we have on our carbon footprint is limited in that we haven't been able to explore our emissions in detail. To target the most significant carbon reductions, our ICS Lead will build and lead a network of accountable trans-departmental figures to investigate, monitor, and collate carbon data associated with our activities. To support the intervention, we will call upon the assistance of our Clinical Support Unit through which the ICS commissions data intelligence services. An ICS-level approach to tracking and targeting carbon hotspots is hoped to offer a considerable improvement to the data currently amalgamated under the banner of NHS Midlands.

6.10 Create a strategy for embedding sustainability throughout the ICS

Carbon emissions cannot be reduced solely through promotion and awareness raising. To improve environmental health, social value, and staff experiences, Joined Up Care Derbyshire ICS envisions becoming an ICS where sustainability has been embedded into all organisational systems and processes. Our new Sustainability Coordinator will create a strategy which focuses on the inclusion of net-zero targets across staff recruitment, employment, and appraisal processes; capital projects; and business cases, as well as focusing on the procurement of local goods and services where possible. Joined Up Care Derbyshire ICS is hopeful that the collective use of metrics to integrate sustainability across ICS would lead to a more equitable landscape of employment benefits and potentially lead to increased staff retention.

6.11 Develop guidelines for dealing with materials and waste

A common theme amongst our members' Green Plans is the need for effective and sustainable waste management. Joined Up Care Derbyshire ICS has a vision to become an ICS which adopts the circular economy. To achieve this, we will develop guidelines for dealing with materials and waste in an environmentally sound and uniform approach. Our organisation-level Waste Managers will plan for the roll out of consistent waste management processes across the ICS in line with circular economy principles. Other actions will include the exploration of the use of a single waste management supplier, as well as the collective use of the Warp-It re-use application at an ICS level. The standardisation and promotion of waste management measures across Joined Up Care Derbyshire ICS is hoped to enable staff to intuitively deal with waste through the appropriate method, making considerable savings on carbon emissions and disposal costs.

7.0 GLOSSARY OF TERMS

Air Pollution: the presence and introduction into the air of a substance which is harmful to human health.

Carbon Intensity: a means of calculating the amount of carbon generated for a specific energy source (e.g. electricity).

Carbon Net-Zero: a state in which an organisation emits no carbon emissions from its activities. Or a state in which all remaining carbon emissions are offset.

CO_2e (Carbon Dioxide Equivalent): a unit used to express total greenhouse gas emissions. There are multiple GHGs, each with a different impact on climate change. CO_2e equates all GHGs to the impact of carbon dioxide. CO_2e is used to report all GHG emissions.

Greenhouse Gas (GHG): a gas that contributes to the greenhouse effect, leading to climate change (e.g. CO_2).

Global Warming Potential (GWP): a measurement that enables the comparison of global warming impacts of different greenhouse gases.

kWh (Kilowatt Hours): a unit of measurement for energy usage (e.g. gas and electricity).

Direct Emissions: CO_2e emissions from sources which are owned or controlled by the Trust.

Indirect Emissions: CO_2e emissions from sources which are not owned or controlled by the Trust, but are generated due to the Trust's activities (e.g. purchase of electricity, procurement, waste disposal).

Scope 1 Emissions: direct emissions from owned or controlled sources (e.g. on-site fuel combustion, company vehicles, anaesthetic gases).

Scope 2 Emissions: indirect emissions from the generation of purchased electricity, steam, heating, and cooling.

Scope 3 Emissions: all other indirect emissions that occur in an organisation's supply chain (e.g. purchased goods, employee commuting, waste disposal).

Appendix A: strategic sustainability objectives of the Derbyshire ICS

No.	Vision	Strategic Objective	Intervention Detail	Timescale	Role	Benefits	Risks
1	An agile and informed workforce which understands sustainability and is empowered to make sustainable choices in their professional and personal lives.	Promote and increase awareness of sustainability through communications, education, and training.	Sustainability engagement toolkit from NHS England.	2022/23	[ICS HR Lead] [Group of Trust-specific HR Leads] [Sustainability Coordinator – NEW]	Collective mobilisation of the ICS workforce will lead to a regional culture shift which creates greater carbon and energy cost savings.	Must ensure interventions are tailored to Trust/department level for biggest impact. Voluntary nature of interventions risks diminished focus on sustainability. Intervention lead requires strong communication skills.
			Quarterly ICS-wide publication/ sustainability newsletter.	2022/23			
			Electronic Staff Records' (ESR) sustainability and Greener NHS module rolled out for all staff.	2022/23			
			Monthly ICS-led Carbon Literacy training sessions tailored to different departments (e.g. Estates, Theatres, Procurement).	2022-2024			
2	An ICS where low-carbon best practice is readily identified, shared, and rolled out between partners.	Provide an ICS-wide forum for discipline-specific collaborative professional networks.	Provide, facilitate, and coordinate an ICS forum for groups of professionals to research, explore, review, and assess sustainable alternatives to carbon-intensive works, goods, and services.	2022/23	[Sustainability Coordinator – NEW]	Sharing best practice will ensure many works, goods, and services are not paid for multiple times, improving the financial sustainability of the ICS.	Time required of staff to collaborate and share ideas may be significant.
			ICS page hosted on the NHS Futures website.	2022/23			
			Quarterly ICS-wide publication/sustainability newsletter (including details of actions and news).	2022/23			
3	An anchor institution which improves the physical and mental	Create and operate an ICS-level community	Provision of ICS spaces for community members (e.g.	2023	[To be nominated by	Involvement of local people in ICS	Requires the commitment of

No.	Vision	Strategic Objective	Intervention Detail	Timescale	Role	Benefits	Risks
	health of its patients and communities, addresses health inequalities, and helps to build a resilient healthcare system.	outreach hub through which initiatives can be promoted and signposted to those disadvantaged by health inequalities.	meeting rooms for community group activities).		Directors of Public Health]	activities will enhance social value, community relationships and reputational benefits. A regional approach to enhancing greenspace may lead to a more equitable distribution of physical and mental health benefits.	more time and resources. Need to diversify greenspace strategy amongst Trusts due to differences in estate.
			Signposting to initiatives (e.g. Warmer Derbyshire).	2022			
			Provision of sanitary products, medications, and advice by ambulance staff to citizens.	2022/23			
			Collectively develop a strategy for enhancing the quality of greenspace which addresses air pollution, climate change, and adaptation aspects.	2022/23			
			Join/roll-out existing greenspace initiatives led by Derby City, Derbyshire County Council, and DCHS.	2022/23			
4	An ICS which strategically utilises digital innovation.	Collectively utilise and share digital platforms and applications to increase the efficiency of working practices and care.	Roll-out and use of MS Teams, SharePoint, and the Derbyshire Shared Care Record across ICS Trusts.	2023	Ged Connelly-Thompson Jim Austin	Transition to digital services and care will lead to carbon savings, whilst sharing applications will save on subscription costs.	Data protection and security risks.
			Monitoring emerging approaches and innovations and rolling them out uniformly.	2022-2025			
5	An inspired workforce and patient base who feel confident and	Collectively promote, encourage, and	Improve the presentation and prominence of active travel information.	2022/23	[Travel & Transport Lead – NEW]	Promotion of active travel on wide scale	Must ensure active travel methods are compatible with

No.	Vision	Strategic Objective	Intervention Detail	Timescale	Role	Benefits	Risks
	incentivised to make active transport choices where able to do so.	provide access to active travel options through consistent communications.	Creation of materials where not already available.	2023-2025		will lead to healthier communities and reduced future health service pressures.	regional infrastructure and transport networks to avoid safety risks.
			Inter-organisation signposting to ensure that information is available (could be with external partners, e.g. Council).	2022/23			
			For those who cannot use active travel, the ICS will provide consistent information on next best transport options.	2022/23			
6	An ICS which is prepared for the nation-wide transition to zero emission vehicles.	Establish and consolidate an ICS-wide system of shared charging point infrastructure for staff and Trust electric vehicles.	Join D2N2 network scheme which uses BP pulse.	2030	[Travel & Transport Lead – NEW]	Shared charging points will provide staff and Trust vehicles with regional security of electricity supply. Potential for shared procurement and reduced costs.	Must ensure same system (e.g. one card or application) is rolled out on regional level to support consistent site updates and usage. Short-term expense.
7	An ICS of driven and committed partners which pursue energy reduction and efficiency measures.	Collectively utilise a 100% renewable energy provider and seek additional energy	Widen joint energy procurement process to include CRHFT.	2022-2025	[Procurement Managers] [Energy Managers]	Inter-trust schemes will lead to carbon reductions, whilst collectively signing on to	Risk of poor resilience should energy provider fail to provide service.
			Look to invest in additional renewable energy production (e.g. through a PPA) at a local level for private use by the ICS	2022-2025			

No.	Vision	Strategic Objective	Intervention Detail	Timescale	Role	Benefits	Risks
		efficiency opportunities.	in addition to purchasing REGO-backed sources.			one renewable energy provider could save on financial costs.	
			Examine where shared office space can be used between partners to reduce overall energy requirements.	2022/23			
			Run intra- and inter-Trust schemes and competitions to drive down energy usage.	2022-2025			
8	An ICS which is prepared for a future of uncertain climatic conditions.	Collectively develop a strategy for enhancing the resilience of care to extreme weather events.	A resilience plan which pays particular attention to disadvantaged communities, ensuring no one is left behind. Resilience plan to be scoped with National Audit Office's Climate Change Risk Assessment Guide, applied through an ICS workshop.	2022/23	[Lead of county-wide emergency planning groups] [Sustainability Coordinator – NEW]	A regional approach to adaptation might enhance Trust relationships, resilience, and resource security.	Must ensure strategy accounts for all Trusts' individual circumstances and services.
9	An ICS which has detailed oversight and knowledge of its carbon footprint to drive systemic change through data-led intelligence.	Build a network of accountable trans-departmental figures to investigate, monitor, and collate carbon data associated with the ICS's activities.	Widespread collation of data used to investigate and target the most significant carbon emission reductions. Call upon the Clinical Support Unit, through which the CCG commissions data intelligence services, to support intervention.	2022/23	[ICS Lead]	An ICS-level approach to tracking carbon footprint to monitoring and identifying where further carbon reductions can be achieved would be a considerable	Requires a lot of time and resources. Must ensure consistent information format and scope for uniform approach across ICS.

No.	Vision	Strategic Objective	Intervention Detail	Timescale	Role	Benefits	Risks
						improvement to NHS Midlands carbon data.	
10	An ICS where sustainability has been mainstreamed into systems and processes to improve environmental health, social value, and staff experiences.	Create a strategy for developing and embedding sustainability throughout all ICS activities.	Inclusion of net-zero targets across: Staff recruitment, employment, and appraisal processes	2024/25	[Sustainability Coordinator – NEW] [Senior Operational Lead]	Using shared metrics to integrate sustainability across ICS would lead to a more equitable employment and work benefits landscape.	Shared sustainability criteria may create non-ideal approach to addressing sustainability at Trust-level.
			Capital projects	2022			
			Business cases	2022/23			
			Local procurement	2022/23			
			Procurement contracts and tenders	2024/25			
11	An ICS which adopts the circular economy.	Develop guidelines for dealing with materials and waste in an environmentally sound and uniform approach.	Plan for the roll out of consistent waste management processes in line with circular economy principles across ICS.	2022-2025	[Waste Managers]	Enables staff to intuitively know and deal with waste in the appropriate way, saving carbon emissions and waste disposal costs.	Requires a lot of time and resources for minimal carbon savings. Waste management processes are complex due to different arrangements in all Trusts, so may not be possible.
			Explore the use of a single waste management supplier.	2022-2025			
			Collectively use an ICS-wide Warp-It scheme.	2022-2025			
			Assess additional recyclable streams (e.g. toothpaste tubes, toothbrushes, medical blister packs), the outcome of which will allow the ICS to work with new start-ups to see if new collection scheme can support recycling activities.	2022-2025			

Appendix B: JUCD Health Inequalities – Green Plan on a Page

VISION

To reduce the avoidable and unjust differences in health outcomes for the population of Derby and Derbyshire

OBJECTIVES

To ensure that the people of Derby and Derbyshire will have an equal chance to…

Start Well	***Live Well and Stay Well***	***Age Well and Die Well***

OUR POPULATION HEALTH OUTCOMES

Increase life expectancy (LE)

Increase healthy life expectancy (HLE)

Reduce inequalities in life expectancy and healthy life expectancy

OUTCOME INDICATORS

Promoting equal access to low carbon travel, for staff and patients, to the NHS estate	Reducing avoidable differences in the optimal management of respiratory disease	Increasing access to a greener NHS estate

HOW

- Ensuring that the most disadvantaged communities have equal access to active travel to the NHS estate or low carbon alternatives
- Promoting low carbon and active travel to staff e.g., through salary sacrifice schemes
- Ensuring that the 20% most deprived and key inclusion groups receive optimum care of their respiratory disease, in particular to reduce the use of breakthrough medication
- Ensuring that the opportunities to 'green' the NHS estate are maximised, with a focus on those areas within the most deprived communities. Ensuring the green space is available for all to enjoy.

Joined Up Care
Derbyshire

Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

21st July 2022

Item: 26

Report Title	CCG Governance Committee Assurance Report							
Author	Suzanne Pickering, Head of Governance							
Sponsor (Executive Director)	Helen DIllistone, Executive Director of Corporate Affairs							
Presenter	Sue Sunderland, Audit and Governance Committee Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☒
Appendices	None							
Assurance Report agreed by:	Jill Dentith, Lay Member for Governance and CCG Governance Committee Chair							
Which committee has the subject matter been through?	CCG Governance Committee – 23.06.22							

Recommendations

The Board is requested to **NOTE** the CCG Governance Committee Assurance Report for information and assurance for the transfer of business to the ICB.

Purpose

The Assurance Report is presented to inform the Board of any decisions and matters that have been made at the Governance Committee or any ICB specific items that were discussed or directly impact the ICB.

Report Summary

This report provides the Board with highlights from the 23rd June 2022 meeting of the CCG Governance Committee. This report provides a brief summary of the items transacted for assurance.

Derby and Derbyshire CCG Procurement Highlight Report

The Governance Committee RECEIVED and NOTED the Highlight Report for Derby and Derbyshire CCG. The Committee REVIEWED the key issues and activities over the current period.

Extension for Clinical and Place Leads

The Committee RECEIVED a verbal update on the extension to CCG Clinical and Place leads Contract for Services which will transfer to the Integrated Care Board (ICB). These contracts have been extended to 31st March 2023.

Ratification of virtual approval decisions during May and June 2022
The Committee FORMALLY RATIFIED the approval of the five decisions made by the Committee virtually during May and June 2022.

Procurement Decisions in ICS Transition
The Governance Committee NOTED the Procurement Decisions in ICS Transition report.

Mandatory Training
The Governance Committee NOTED the CCG's completion figures for Mandatory Training as at the 14th June 2022. The Committee NOTED the achievement of the Data Security Awareness Training compliance of 96% for the submission of the toolkit on the 30th June 2022.

2021 Staff Survey Action Plan
On 5th May 2022 the Governing Body received a report detailing the results of the 2021 NHS Staff Survey. It was noted that the CCG had response figure of 87%, which was higher than the previous year (83%) and above the comparative average for similar organisations (79%).

A joint workshop with members of Organisational Effectiveness and Improvement Group (OEIG) and the Diversity & Inclusion Network took place to discuss the results of the staff survey and provide an opportunity to influence and shape the actions for the CCG, and its successor organisation.

The Governance Committee NOTED the outcome of the joint OEIG and Diversity and Inclusion Network workshop and APPROVED the recommended staff survey action plan. The Committee REQUESTED that a more detailed Action Plan with responsible leads and timescales be developed.

Contract Oversight Group Update
The Committee NOTED the verbal update and the progress made. All requirements for the transition to the ICB have been achieved as part of the Readiness to Operate Statement.

Governance Contracts Re-procurement Update
The Governance Committee NOTED and RECEIVED ASSURANCE on the re-procurement of the Governance Contracts in relation to the Health and Safety and Legal Services Contract.

Governance of Provider Contracts Transfers
The Governance Committee NOTED the verbal update on the Governance of Provider Contracts Transfers.

CCG Estates update
The Committee NOTED the verbal update on the CCG Estates update.

2021/22 Annual Complaints Report
The Committee NOTED the 2021/22 Annual Complaints Report and requested that learning from complaints be incorporated in service specifications.

Business Continuity, Emergency Planning Resilience and Response
The Governance Committee NOTED the contents of the report for information and assurance. The Committee NOTED the Derbyshire overall amber compliance for the transition to an ICB as a Category 1 responder from 1st July 2022.

Health & Safety Report
The Committee RECEIVED ASSURANCE that the CCG is coordinating work to meet its health and safety obligations to remain compliant with health and safety legislation and is responding

effectively and appropriately to the changes in working practices because of the Covid-19 pandemic.

Information Governance and GDPR Update Report
The Governance Committee RECEIVED the update regarding actions and compliance activities and GAINED ASSURANCE from achievement of the 96% compliance level of the Data Security Awareness training in line with the Data Protection Toolkit submission on the 30th June 2022.

Digital Development Update
The Committee RECEIVED and NOTED the positive Digital Development, IT and Cyber Resilience Update report for the Corporate and GP Estates.

Risk Register Exception Report
The Governance Committee RECEIVED the Governance risks assigned to the committee as at April 2022.

The Committee APPROVED the closure of three risks.

- Risk 22 relating to the mental health of CCG staff and delivery of CCG priorities;
- Risk 23 relating to CCG staff capacity being compromised due to illness or other reasons;
- Risk 40 relating to contracts being extended in the period of transition from the CCG to the ICB.

The Committee NOTED the virtual approval received on 6th June 2022 from Governance Committee members for new risk 48 relating to NHS Mail.

Closing CCG Governing Body Assurance Framework Quarter 1 2022/23
The Governance Committee NOTED the closing 2022/23 Quarter 1 (April to June) Governing Body Assurance Framework (GBAF).

Two GBAF strategic risks were approved virtually by Governance Committee on 6th June 2022 and approved by Governing Body at the meeting held on 16th June 2022:

Strategic Risk 7 - CCG staff retention and morale during the transition will be adversely impacted due to uncertainty of process and implications of the transfer to the ICS, despite the NHSEI continuity of employment promise.

Strategic Risk 8 - If the CCG is not ready to transfer its functions or has failed to comprehensively and legally close down the organisation, or if the system is not ready to receive the functions of the CCG, the ICS operating model cannot be fully established.

Non-Clinical Adverse Incidents
No incidents were reported to the Committee.

Minutes of the Governance Committee 21st April 2022
The minutes of the 21st April 2022 meeting were APPROVED as a true and accurate record.

Any Other Business
The Chair thanked the Committee members for their tremendous contribution and work of the Committee throughout the life of the CCG.

Identification of Key Risks
Going forward any risks highlighted and assigned to the Audit and Governance Committee will be linked to the Derby and Derbyshire ICB Corporate Risk Register and Board Assurance Framework.
Have any conflicts of interest been identified throughout the decision-making process?
A conflict of interest was declared by Dr Greg Strachan, CCG Governing Body GP on the Extension to Clinical and Place Leads item, however as this item was for information Dr Strachan was permitted to stay in the meeting.
Project Dependencies
Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable for this report.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings
Not applicable for this report.

Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

21st July 2022

	Item No: 29

Report Title	CCG Clinical and Lay Commissioning Committee Assurance Report							
Author	Ian Gibbard, Lay Member for Primary Care Commissioning and CLCC Vice Chair, NHS Derby and Derbyshire CCG							
Sponsor (Executive Director)	Zara Jones, Executive Director of Strategy & Planning							
Presenter	Zara Jones, Executive Director of Strategy & Planning							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☒	Information	☐
Appendices	N/A							
Assurance Report Signed off by Chair	Ian Gibbard, Lay Member for Audit and Clinical & Lay Commissioning Committee Vice Chair							
Which committee has the subject matter been through?	Clinical & Lay Commissioning Committee, 9th June 2022							

Recommendations
The Board are requested to **RATIFY** the decisions made by the CCG Clinical and Lay Commissioning Committee (CLCC) on the 9th June 2022.
Purpose
The Board need to ratify the decisions made at the final meeting of the CCG CLCC on the 9th June 2022.
Background
Previous Assurance Reports went to the former CCG Governing Body meetings.
Report Summary
CLC/2223/54 Clinical Policy Advisory Group (CPAG) Policy updates CLCC APPROVED the following updated Clinical/Governance Policies: • 1a. Grommets in Otitis media with Effusion for Adults and Children • 1b. Surrogacy Policy • 1c. IPG, MTG, DG, MIB Policy

Areas of Service Development

CLCC were asked to note that CPAG have reviewed Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies (DTs) for April 2022.

CLCC were assured that no areas for service developments were identified.

CLCC were asked to note the following:

IFR Update – Panel Membership and Training

- CLCC NOTED the updates and the actions that are being taken to ensure that the IFR process can continue as a statutory function as it transitions to the ICB.

Glossop Transition update for IFR/Prior Approval/Cosmetics service for Glossop residents

- CLCC NOTED the updates to the Glossop Transition for IFR/Prior Approval and Cosmetics and the issues that remain unresolved.

East Midlands affiliated commissioning committee (EMACC update) – Gamete Storage Policy

- CLCC NOTED the update from EMACC on the completion of the draft Gamete Storage Policy.

CLCC NOTED the CPAG Bulletin for April 2022

Identification of Key Risks
Not applicable to this report.

Have any conflicts of interest been identified throughout the decision-making process?
Not applicable to this report.

Project Dependencies

Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings
Not applicable to this report.

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

21st July 2022

Item: 30

Report Title	Derbyshire Engagement Committee Assurance Report							
Author	Sean Thornton, Deputy Director Communications and Engagement							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs							
Presenter	Helen Dillistone, Executive Director of Corporate Affairs							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☒
Appendices	None							
Assurance Report Signed off by Chair	Martin Whittle, Lay Member for Patient & Public Involvement and Chair of Derbyshire Engagement Committee							
Which committee has the subject matter been through?	Derbyshire Engagement Committee, 10th June 2022							

Recommendations
The Board is requested to **NOTE** the contents of this report for assurance.
Purpose
This report provides the Board with highlights from the meeting of the Derbyshire Engagement Committee, held on 10th June 2022. This report provides a summary of the items transacted for assurance.
Background
The Derbyshire Engagement Committee was established in 2019 to assure the processes being undertaken to engage local people in the commissioning of local health services. The Committee met bi-monthly and membership had a balance towards lay members. The Committee ran until June 2022, where it was superseded by the Public Partnership Committee of the Integrated Care Board.
Report Summary
ICB Committee arrangements and draft terms of reference The committee reviewed a proposal for the establishment of a Public Partnership Committee (PPC), which would replace the existing Derbyshire Engagement Committee from the 1st July 2022. The proposal had considered the legal duties under the Health and Care Act 2022, along with guidance for the establishment of Integrated Care Board (ICB), Integrated Care Partnership (ICP) and Integrated Care System (ICS). The proposal set out the rationale to ensure the system is able to build on the work of the existing committee, and keep a degree of continuity, whilst recognising that the ICB will look for further

development and changes in time. It was proposed that the committee will operate in two phases where Phase 1 will be from the period 1st July 2022 to autumn 2022, during which the committee will evolve from the existing Derbyshire Engagement Committee arrangements and track the concurrent developments relating to the role and responsibilities of with the ICP to determine the final scope and role of this new committee. This proposal is supported by specific Terms of Reference, which highlight that the main objectives of the Public Partnership Committee are:

a) to ensure that service transformation and provision in the Derby and Derbyshire ICS is driven by public conversation, and through the principles of continuous engagement and co-production; and

b) to seek assurance against the delivery of statutory duties on public engagement and scrutiny related to the Health & Care Act and the Local Government Act.

It was agreed that existing membership of the Engagement Committee would continue to sit as the Public Partnership Committee, at least during the Phase 1 developments.

Working With People and Communities – Draft Guidance for Consultation
The Committee received the draft of guidance issued by NHSE/I for consultation to assist systems in implementing Health and Care Act legislation relating to the involvement of local people. The draft guidance contains information that reflects and replicates content of the Working With People and Communities Guidance which was issued by NHSE in September 2021. It was this original document which outlined the requirement to work towards delivery of the 'ten key principles', which have formed the basis of the JUCD Engagement Strategy, and which was submitted to NHSEI in May following review at this committee. The guidance is largely in line with expectations and confers no additional duties upon the ICS which aren't already broadly covered by our strategy.

The Committee noted that the consultation on the statutory guidance was issued by NHSE at a time when all ICSs were making final adjustments to their Engagement Strategy submissions in May 2022. The Derbyshire strategy remains robust having reviewed the draft statutory guidance. A brief response to the consultation was submitted by the Deputy Director Communications and Engagement on 25 May, and this was reviewed and noted by the Committee. Final guidance will be issued by NHSE during Summer 2022.

Enhanced Access in Primary Care Networks
The Committee reviewed plans for the PCN Enhanced Access engagement and received assurance that the legal duties around patient and public involvement and equality were being met.

NHS England and Improvement (NHSEI) have set a Directed Enhanced Service (DES) for Primary Care Networks to deliver enhanced services outside of the core 8am-6.30pm GP contract. Whilst some Practices or Places have already been delivering enhanced services since 2016, there has not been a consistent offer around the timings or range of services and the level of engagement with patients on enhanced services is not known. With this DES there is an expectation that a range of services will be available before 08:00 and after 18:30 Monday to Friday with additional weekend services. There must be a range of Primary Care services which meet the needs of the patient population. This could include but not be limited to screening services, long term condition monitoring as well as GP and nurse appointments. The enhanced services must be delivered at Primary Care Network (PCN) level which means that it will not be at every GP Practice but at a locality basis.

PCNs are required to develop plans which show that they have engaged with their local population. The plans have to be assessed by NHS England, and so we want to make sure the engagement is very robust and we could evidence how patients have influenced these PCN level plans. The

ICBs engagement team has been supporting PCNs with the development of surveys and other method of collecting feedback, and the results would be presented to a future committee.

ICS Communications and Engagement Plan
The committee heard a standing item update on work undertaken to prepare for the establishment of the new ICB from 1 July 2022. This included the development of new websites and branding. It was noted that series of staff briefings, called Team Derbyshire, have begun, and there was a session on 1 July specifically about the ICB. This would be followed by a Derbyshire Dialogue session during August on the early work of the ICB.

ICS Engagement Strategy
The committee received a verbal update on the status of the ICS Engagement Strategy, which had been reviewed in draft form at two previous committee meetings.

The Strategy and relating documents had been submitted to NHS England during May 2022, but formal and specific feedback had not been received at the time of the meeting. The strategy was also to be discussed at both City and County scrutiny committees during July.

Public Involvement Assessment Forms
The Committee routinely reviews forms made at the earliest stages of project development to understand the required and desired level of public involvement. This is a key step in ensuring compliance with legal and moral duties of involvement. Previously known as S14Z2 forms (the reference to the previous section in legislation), the forms are now renamed as the Public Involvement Assessment Form.

The Committee reviewed the current log and were assured that forms were being completed appropriately and actioned and discussed as a team. Highlights flagged to the committee included:

- **Learning Disability Short Breaks:** NHS Learning Disability Short Breaks are provided by Derbyshire Community Health Services NHS Foundation Trust (DCHS) through five services in North Derbyshire. JUCD is embarking on a review of said services to understand how the NHS funded Short Breaks are being used, what options exist for future delivery and what would the impact of any change be.
- **EOL Single Point of Access review: t**o involve patients and their families and carers in a review of the EoL services currently provided to assist in developing the Single Point of Access.

Identification of Key Risks

The committee approved the addition of a new risk to the risk register. The risk outlines that existing human resource in the Communications and Engagement Team may be insufficient and impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and noncompliance with statutory duties. The risk starts at 16 (4x4) on the basis that if we cannot deliver the engagement strategy, we will fail to deliver the transformation and involvement that we have set out as an ideology within the strategy.

Previous risks managed by the committee are now closed.

Have any conflicts of interest been identified throughout the decision making process?

None.

Project Dependencies				
Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:** N/A	**Summary:** N/A

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:** Not applicable to this update. This report is for assurance and information but describes a range of patient, public communications and engagement activity across the breadth of ICB and system work.

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☐	Improved patient access and experience	☒
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Not applicable to this report.					

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

21st July 2022

Item: 31

Report Title	CCG Quality & Performance Committee Assurance Report							
Author	Helen Hipkiss, Director of Quality							
Sponsor (Executive Director)	Brigid Stacey, Chief Nurse Officer							
Presenter	Dr Buk Dhadda, Quality & Performance Committee Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☒
Appendices	None							
Assurance Report agreed by:	Dr Buk Dhadda, Quality & Performance Committee Chair							
Which committee has the subject matter been through?	CCG Quality & Performance Committee – 30.06.22							

Recommendations
The Board is requested to **NOTE** the CCG Quality & Performance Committee Assurance Report for information and assurance for the transfer of business to the ICB.
Purpose
To sign off the final CCG Quality and Performance Committee Assurance report and to handover the priority Quality and Performance issues to the System Quality and Performance Committee.
Background
The CCG Quality and Performance Committee (Q&PC) was established in April 2019. The aim of the CCG Q&PC was to provide oversight and assurance that the providers within the CCG arrangements met the standards and targets for Performance and Quality. The Q&PC ensured mitigating actions were in place and monitored where standards were not being meet.
Report Summary
The final CCG Q&PC took place on the 30th June 2022. The following is a summary of the discussion: The Integrated Report was presented. It was noted that performance is expected to decrease in June 2022 due to continued system pressure. It was noted that A&E attendances are now above pre-pandemic levels. The reduction of 104 week waiters has been achieved in most cases, 78

week waiters are now the priority. The 28 day faster diagnosis for cancer standard was not meet, due to out of area Trusts performance. All other cancer standards are improving.

The report highlights that the sickness rate at UHDB is increasing, the new system HRD is working with the HRD to establish a system approach to recruitment and retention. This is particularly important for nursing staff that can retire at 55 and can return but on less hours. During covid the Pensions Authority allowed full time return for nurses, there will be a consultation on whether this should be a permanent policy. The GP retention policy also needs to be reviewed to support senior GPs to remain in practice.

Advice and guidance to patients waiting is not included in the performance data, it was proposed that this was included in the new reporting. This will be considered under the System Quality and Performance Committee reporting structures. The Integrated Report was noted and approve.

The Activity Report shows increasing pressure in A&E with increase complexity of patients. The referral data is showing a continued reduction alongside the outpatient transformation. There will be 14 patients over 104 week waiters (4 CRH, 10 UHDB) by the end of June 2022. This is a significant improvement. Mutual aid is being offered to other Trusts to support the reduction in waits. The report was approved.

The Risk Register was noted. There are four Mental Health risks to be close 3, 12, 17 and 46. These will be moved to the MH, LD&A Delivery Board. The remaining risks will transfer to the System Quality and Performance Committee and reviewed at the first meeting. The Committee agreed to the proposals.

The Safeguarding Adult report was noted. The work of both Child and Adult safeguarding teams was highlighted as excellent. The Annual Quality Account report was presented. The Quality Team review each of the Quality Accounts and ensure there is a balance in the reporting, the CNO signs off the accounts when she is assured. There is a review of quality accounts, this will require a change of legislation to have one system quality account.

The Committee debated the Elective Waiting List investigating into Health Inequalities. The report was welcomed and requested that the work goes further to review and understand the quality outcomes. There is a system lead for Health Inequalities, with this being a priority for the ICB. The Personal Health Budgets 360 Audit Report reported significant assurance. The actions recommended are in progress with the majority completed. The Committee expressed thanks to the team for the robust process put in place, and to the Chairs for their input and support.

The minutes of the meeting on the 26th May 2022 were approved. The assurance questions were agreed. There were no significant quality concerns.

The next System Quality and Performance Committee (SQPC) will be asked to note for assurance the summary of the final CCG Quality and Performance Committee held on the 30th June 2022.

Future Priorities for the SQPC

As part of the transition to the new ICB structures the CCG Q&PC considered the priorities for the SQPC. Based upon the current reported positions described above the members considered the following to be high priority:

- Maternity
- CRH Stroke Services
- Health Inequalities
- System Performance.

A Committee development session will take place at the SQPC on the 28th July 2022. At that development session the Committee will be asked to note and consider the suggested priorities for the CCG Q&PC.

Identification of Key Risks

Going forward any risks highlighted and assigned to the Quality & Performance Committee will be linked to the Derby and Derbyshire ICB Corporate Risk Register and Board Assurance Framework.

Have any conflicts of interest been identified throughout the decision-making process?

None identified.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:

Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?					
Not applicable for this report.					
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable for this report.					

NHS
Derby and Derbyshire
Clinical Commissioning Group

RATIFIED MINUTES OF EXTRAORDINARY DERBY AND DERBYSHIRE CCG AUDIT COMMITTEE HELD ON 18 MAY 2022

VIA MS TEAMS AT 9.00AM

Present:

Ian Gibbard	Lay Member (Audit) Chair
Andrew Middleton	Lay Member (Finance)
Jill Dentith	Lay Member (Governance)

In Attendance:

Richard Chapman	Chief Finance Officer
Debbie Donaldson	EA to Chief Finance Officer (minute taker)
Darran Green	Acting Operational Director of Finance
Tiffany Hey	Assistant Client Manager, 360 Assurance
Donna Johnson	Head of Finance
Suzanne Pickering	Head of Governance
Chrissy Tucker	Director of Corporate Delivery
Clare Walker	Commissioning Manager – Joint and Community Commissioning Development

Apologies:

Helen Dillistone	Executive Director of Corporate Strategy and Delivery
Kevin Watkins	Business Associate, 360 Assurance

Item No	Item	Action
AC/2223/013	**Welcome and Apologies** The Chair welcomed members to the Derby and Derbyshire Extraordinary Audit Committee. Apologies were received from Helen Dillistone and Kevin Watkins.	
AC/2223/014	**Declarations of Interest** The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG. Declarations made by members of the Derby and Derbyshire Audit Committee were listed in the CCG's Register of Interests and included with the meeting papers. The Register was also available either via the Corporate Secretary to the Governing Body or the CCG's website at the following link:	

	www.derbyandderbyshireccg.nhs.uk Declarations of interest from today's meeting There were no declarations of interest. The Chair declared that the meeting was quorate.	
AC/2223/015	**Financial Transition Project** Donna Johnson reported that nationally, the NHS was undergoing a transition to remove CCGs and create Integrated Care Boards (ICBs). This transition impacts NHS Derby & Derbyshire CCG (DDCCG) through a boundary change to incorporate Glossop from NHS Tameside & Glossop CCG (TGCCG). As DDCCG was changing its boundary there was a need to create a single system to be used with effect from 1st July 2022 (which had now received Royal Assent). Donna Johnson confirmed that: • The Finance Team had continued to attend the Transition CCG Project Group to provide updates and assurance to Governance and Internal Audit colleagues. • Donna Johnson had met with Chrissy Tucker and JUCD colleague's fortnightly to support the delivery of the ROS and due diligence checklists. • The SBS project plan was delivering; there had been an SBS Project Board on 29 April and the Board were assured by the deliverables. It was noted that we were meeting the targets and deadlines. • It was noted that a large part of the project was data cleansing. Since writing the paper, the user data cleanse had been completed and the ESR coding for the payroll had been submitted to the ESR team as per national deadlines. • Donna Johnson took the opportunity to highlight how hard the finance team had been working over recent months to deliver the SFIs and the SBS project, alongside planning and the Annual Accounts. • In other areas, the government banking service had acknowledged our letter to change our name, which was hoped would be a smooth process in early July. • We were now moving forward with HMRC regarding VAT and Pay As You Earn. The following risks were outlined: • Payments to providers - The existing system would be used right up to the close of business on the 30th June 2022 and be available to access beyond this date. There was a risk in making payments to providers in early July 2022 as the appropriate transfer of data and open transactions (eg invoices) was required in the first instance.	

	• Deferring payments could result in cash-flow problems for our providers. • DDCCG and SBS would work closely to ensure open transactions were reduced to a minimum, and that the data was available for transfer into the new ledger at the earliest opportunity. • DDCCG/ICB would inform providers of any possible delays should they occur and work with SBS to reduce the risk. • DDCCG was unlikely to have any key transactions in the first few working days in July 2022, which would allow sufficient time to resolve any issues with either the finance system or the bank account to reduce the risk of payments not being made to providers. • Due to the deferral of the transition to ICB to the 1st July 2022, the CCG's final accounts would cover the period 1st April to 30th June 2022. • The national indication was that these Accounts would be audited in 2023 alongside the first set of ICB Annual Report and Accounts. Until this was confirmed, however, there was a risk that the CCG's External Auditors would not be available to audit the 3-month period in July/August 2022. The following questions were asked: • Jill Dentith referred to the inclusion of Glossop into the Derbyshire ICB. She asked whether Glossop's Audit Committee were involved in signing off the handover process to the Derbyshire ICB? • Chrissy Tucker reported that we had been working very closely with Paul Pallister, Governance Lead at Tameside and Glossop CCG, and their Audit Committee was today receiving their information related to the due diligence handover and ICB establishment; we were working in parallel with them on this. • Andrew Middleton asked whether there would be any issues with S75 and other shared budget scenarios? • Donna Johnson reported that S75s had been reviewed as part of the transition project. We had worked with our contract management colleagues, and it was anticipated that there would be no issues that would arise from this. • Richard Chapman reported that in terms of the programme funding, Darran Green had been working very closely with Glossop colleagues, and it appeared there was probably more funding transferring to the Derbyshire ICB than Tameside and Glossop team believed would be needed. They were basing that assessment on the last two years, when obviously spending plans were extremely unusual. • The Chair referred to the work being done with SBS, and asked about staff transferring into the ICB, some may have changes in their job titles, and would need changes to their user access permissions, he asked whether these had already been identified especially regarding Oracle systems. • Donna Johnson reported that in terms of users, there were no significant changes from the existing access to the ledger. We had reviewed some invoice limits, where we did not think they	

	were necessarily needed in the ICB, particularly in the finance team where we had been supporting colleagues during the pandemic. In terms of JUCD staff, they would be set up as required when they transferred. • It was noted that 13 members of staff would transfer; if they needed access, then that could be actioned within a couple of days. • The Chair referred to any checks on balances that may be required as we moved into the ICB, and asked Tiffany Hey whether Internal Audit had a part to play in overseeing some of the work that had been undertaken through the project group? • The Chair asked whether there was an end stage audit that ensured that there has been a check on the balances carried forward? • Tiffany Hey was unable to comment on these two questions, as Annette Tudor and Kevin Watkins had been more involved with this work. • Donna Johnson reported that every time a set of accounts were compiled, we always checked the rollover balances from the accounts into the New Year, and this would be no different, and that would be audited by our External Auditors (KPMG) when they came to do our accounts. She went on to add that when we do the final CCG accounts the rollover balances would be put into the ICB, and they would be checked by ourselves internally, and then would be included as an External Audit paper to this Committee. • Darran Green reported that there were no balance sheet balances coming across from Tameside and Glossop and no fixed assets. In terms of current assets and liabilities, we had reached an agreement with Tameside and Glossop on the basis that most of those were relatively small and therefore Greater Manchester ICB would take on all the current assets and liabilities of Tameside and Glossop. They would transact those, and only in exceptional circumstances where there were material impacts, would Derbyshire get involved. In terms of balance sheet balances, the intention was that none of those would transfer to Derbyshire. • The Chair asked whether there was going to be a set of accounts based on the end of June; would that influence the way we think about cutover, particularly in terms of ensuring we had a clean set of statements regarding the Q1 position of the CCG? • Darran Green reported that we had a good working relationship with colleagues in Tameside and Glossop and it was a very open relationship, and we were sharing all the information between us. He confirmed that we would have full sight of any assets and liabilities that were on Tameside and Glossop CCG's accounts as at the end of Q1. It was noted that Derby and Derbyshire had received an allocation this year for the whole of the 12-month period; that included Glossop for Q1. Clearly Tameside and Glossop were going to be transacting all the monetary transactions that related to Q1. What we did not know, therefore, how we would square that up. It was not known whether this was an allocation or a resource shift, or whether ultimately, we would receive an invoice from Tameside and Glossop that stated how	

	much they had spent on behalf of Glossop for the Q1; we were awaiting clear guidance on that. • Richard Chapman reported that there was a lack of clarity here, however, some guidance had just arrived around the M3 accounts which stated that CCGs would be requested to amend allocation to equal spend for the first quarter in time for accounts close for Q1. The implication from that would be, that rather than invoice receipt, Tameside and Glossop CCG would amend their allocation and an IR18 would take place between Derby and Derbyshire and Tameside and Glossop CCGs. • The Chair reported that he was assured that this would be worked through on a sensible basis; he reported he would be happy to take further updates as and when that guidance was clarified. • The Chair and Audit Committee members recognised and thanked the Finance Team for their hard work. **Audit Committee NOTED the actions taken to date, and the progress of the project, to ensure the smooth transition of financial systems and banking arrangements.**	
AC/2223/016	**Closure of NHS Derby and Derbyshire CCG and boundary change for the Derbyshire ICB** Chrissy Tucker apologised to members about the late distribution of papers, her team were working to very tight deadlines, and had worked with a number of changes in guidance and timescales. She went on to add that she appreciated it had not given members a lot of time to read all of the detailed information contained within this report. She appreciated their flexibility with that, and with the changing dates that had been set for this Extraordinary Committee meeting. Chrissy Tucker explained how she and her team had approached developing this paper. It had been thought that it might be cleanest and clearest to do one report on the closure of the Derby Derbyshire CCG and a separate report on the Glossop elements. Chrissy Tucker reported that as part of the preparations for change, a programme of work had been undertaken in the CCG to work through the activities required to close the CCG down and to ensure the transfer of appropriate information to the new ICB. A report on this work was attached to the agenda papers as Report A. The Derbyshire system had been subject to a boundary change as part of ICB establishment, namely that the Glossop area would move from the Tameside & Glossop CCG and the incoming Manchester ICB, into the Derbyshire ICB and an additional programme of work had been in progress to transact this change. A report on this work was attached to the agenda papers as Report B. The attached reports and appendices provided the processes and governance employed in the preparatory work, the requirements of	

	NHSEI in terms of assurance and evidence, and draft copies of the documentation that would be presented to NHSEI on 20th May 2022.
	
	<u>Attachments</u>
	
	Appendix 1 Report relating to CCG closure
	Appendix 2 CCG Transition Risk Register
	Appendix 3 CCG Due Diligence Checklist
	Appendix 3a Corporate Contracts
	Appendix 3b Medicines Management Contracts
	Appendix 3c Healthcare Contracts
	Appendix 3d Digital assets
	Appendix 3e Telephony assets
	Appendix 3f Office equipment inventory
	Appendix 3g Leases and property arrangements
	Appendix 4 Level 3 Transfer Template
	Appendix 5 Level 4 Transfer Template
	Appendix 6 Report B relating to boundary change
	Appendix 7 Glossop Transition Risk Register
	Appendix 8 Report on clinical policy risk
	Appendix 9 Report on contracts to which DDICB will be associate commissioner
	
	The following was noted:
	
	• Appendix 1 described how we had approached the work regarding closure and gives the structure of how it had been led by Helen Dillistone, Executive Director of Corporate Strategy and Delivery and a number of other colleagues and groups.
	• A risk log was attached, most of the risks that were on log had been rated low to medium; they would not affect the CCG closure. One new risk had been added, but on review that was a generic risk. It was not one that would specifically affect our ability to close-down the CCG, and so that would be removed.
	• It was noted that we had to submit documents that related both to the closure of the CCG and establishment of the ICB by Friday this week.
	• We had a number of documents to complete; colleagues on the Transition Working Group had seen most of these documents before, but in addition we had two new templates.
	• NHSEI had determined a number of levels to support the transfer process:
	  • Level One - one CCG transferring to one ICB
	  • Level Two - multiple CCGs transferring to an ICB
	  • Level Three - CCGs ‘split’ by ICS boundary changes; staff and property to be apportioned between ICBs
	  • Level Four - staff and property (eg staff records) being transferred from non-CCGs to ICBs
	  • NHSEI had identified that all four levels applied to Derbyshire.	

	• The final submission date for a number of ICB establishment and due diligence documents was Friday 20th May and, in terms of requirements for due diligence, the following was required:
	  • Updated Due Diligence Checklist, detailing staff, property and matters to be transferred from NHS Derby and Derbyshire CCG to NHS Derby and Derbyshire ICB (covers Levels 1 and 2 described above).
	  • Level 3 Template detailing property to be transferred from NHS Tameside & Glossop CCG specifically relating to the Glossop locality.
	  • Level 4 Template detailing staff and property to be transferred from the JUCD Team.
	• Regarding the due diligence checklist, there was a separate tab for staff transfer. This was not presented within the report because it included staff names, roles, and their protected characteristics. Due to the personal identifiable information, it was felt inappropriate to share.
	• This information would be shared only with one individual at NHSEI, and the rest of the templates would be uploaded onto the NHS Futures Platform.
	• The report also detailed outstanding matters that could not be actioned prior to the transition date; the Accounts and Annual Reports had to be signed off by the ICB. We were currently in discussions with External Auditors about timetabling and were yet to be finalised.
	• Following submission, the documents would be reviewed by the regional team who would then prepare a report. The CCG would then be provided with a template letter from the CCG CEO providing assurance to the NHSEI Midlands Regional Director on the safe and legal closure of the CCG. The legal instruments would then be prepared.
	• All four documents listed above would continue to be updated until 24th June, when the CCG would stop receiving new matters, we would then have a pause and any matters received in that week would be held over to the following week on the establishment of the ICB. The inaugural meeting of the ICB Board would receive a closure pack containing an updated report, checklist, and templates. Where risks could not be closed in advance of this date, they would be transferred to the ICB risk register.
	• Jill Dentith referred to the risk report regarding MS Teams and NHS net accounts, and asked whether these would be included on the handover risk register?
	• Chrissy Tucker reported that we were currently compiling the opening risk register and strategic risks for the ICB; MS Teams and NHS net accounts would be transferred over and would not be lost. It was noted that they would go on the master register and apportioned accordingly.
	
	Appendix 3 Due Diligence Checklist:
	
	• It was noted that most of the actions had been completed.	

	• A member of staff had been regularly liaising with Functional Leads on all the functional areas. • Tab 1 – everything had been completed. • NHSEI wanted to see the checklist, but they did not necessarily want to see all of the attachments that were presented to Committee (eg Contracts Database). • Tab 2.1 Due Diligence Checklist – most of those activities and assurances were complete. 2.1.2.7 line 26 pension arrangements needed to be checked and completed by HR, hopefully by Friday this week. • Tab 2.2. HR Diligence Data - was blank due to sensitive information (referred to earlier). • Tab 3.1 Financial Governance – some of these areas could not be completed until just before transition and we were 6 weeks away from that. • Tab 3.2 Financial Accounts and Audit – the majority was complete. 3.2.9 Audit Plan was currently being worked up. Line 22 related to the internal audit plan which was work in progress. • Tab 3.3 Financial Ledger – line 11 appointment of CFO - we were awaiting a formal announcement. Line 42 Prepare and agree ICB Financial Plan – this was an ICB establishment action and as such was an area of work rather than for close-down. 3.3.37 Review the cost improvement programmes and determine a new programme for the ICB – this was establishment rather than for close-down and had been marked incomplete. • Tab 3.4 Banking Arrangements – most of these were complete apart from 3.4.17 regarding stationery, we needed to check whether this would be automatically issued when our name changed. Again, this was more about establishment rather than close-down. • Tab 3.5 Financial Contracts – was largely complete. There was an establishment action to be updated before submission. • Tab 3.6 Financial Assets – there was a query on line 11 around capitalisation of intangibles. Donna Johnson reported that CRH had taken on this asset and she agreed to update this line before submission. • Tab 4 IT Assets – was largely complete. Line 21 Smartcards and Line 27 Archiving and Data Information still required work but would be complete by the time we transfer. • Tab 5 DSPT Checklist - would be completed as we got closer to the establishment date. • Tab 6 Reconfiguration Toolkit – work had been going on separately with NHSD and would be completed. • Tab 7 Quality Checklist – all related to ICB set up apart from Line 17 around storing and legacy information. We had a process for this. • Version Control – showed the changes that had been made over a period of time. • Jill Dentith reported that a lot of work had been done in pulling this together but asked what would happen if we had missed something and as a result it had not transferred across. Chrissy Tucker responded that she was confident that we had not missed anything, and that NHSEI had had oversight of the work	

	on a regular basis. If by chance something was found, it would be handled appropriately at the time, and we would have all the legacy information held by the CCG still available on our drives and it would be a matter of approaching the new Committees and putting a process in place to take it through. **Appendix 3A, 3B, 3C, 3D, 3E, 3F and 3G**: • The Chair referred to Appendix 3A Corporate Contract List, which was a list of suppliers and contract details (which had been useful), he noted that there would a universal novation based on the legislation, but there appeared to be gaps in there, he asked whether this was a work in progress? • Chrissy Tucker reported that we had got most of this information, and the list was for our internal use. It was noted that the Contracts Oversight Group met monthly and reviews this information; she assured Committee that this work would be completed by 24 June. • The Chair highlighted Appendix 3B Medicines Management Contracts, 3C Healthcare Contracts, 3D Digital Assets, 3E Telephony Assets, 3F Office Equipment Inventory, and 3G Leases and Property Arrangements (he understood these would transfer over as is with Property Services). He felt this was not ideal in terms of accounting arrangements. It was noted that we were not going to insist that there were contracts in place with Property Services for the new occupation. • Chrissy Tucker responded that NHSEI had instructed that NHSPS had an agreement in place with us; we had not had leases in place for a number of years. It was noted that a Memorandum of Terms of Occupation was being worked through to ensure that the details were correct, and we were happy with the tenures. For Scarsdale they wanted us to take a 10-year lease, which was felt excessive, and was being worked through currently. **Appendix 4, 5, 6, 7 and 8:** • Appendix 4 was the Level 3 transfer template; Appendix 5 was Level 4 transfer template relating to boundary change; Appendix 6 Report B relating to boundary change; Appendix 7 Glossop Transition Risk Register and Appendix 8 Report on Clinical Risk Policy, which went to CLCC last week. • Clare Walker reported that a lot of work had been undertaken by DDCCG and Tameside and Glossop CCG. The work programme had a number of work streams within it which had met on a monthly basis. These had fed into a range of governance and assurance groups including NHSEI. • Actions had been progressed, and timeframes were being met. • Risks and issues had been identified and logged at the steering group or escalated if required. • There were number of risks on the risk log, but none of these would prevent us from transitioning Glossop into Derbyshire; they were all low or medium rated. Details of those risks were included in Appendix 7.	

	• It was noted that both DDCCG and Tameside and Glossop had support from individual regional leads together with legal support from Capsticks (for DDCCG) and Brown Jacobson (for Tameside and Glossop). • The Level 3 template, included within the agenda papers, had been received from colleagues in Tameside and Glossop and this had identified the assets, liabilities and the work that would be transitioning over to Derbyshire in July. • It was noted that there were some outstanding matters; work on this would go right up to the end of June, eg stranded costs. The CFOs from both DDCCG and Tameside and Glossop were working to address the ongoing issues. This included potential options for SLAs as required, potentially for Medicines Management and Nursing, Quality and Safeguarding. • It was noted that there was a potential risk with variation in clinical polices between DDCCG and Tameside and Glossop CCG. There were several policies which were emotive or contentious particularly around IVF, where Glossop patients were entitled to 3 cycles and Derbyshire patients were entitled to 1 cycle of IVF. • A paper had been taken to CLCC via our SLT regarding these variations and would also be presented to the Engagement Committee and Transition Assurance Group for information. The paper was taken through the approvals process, as on transition we needed to look at undertaking some form of engagement and consultation process particularly for these policies. But there were also potentially another 100 policies that needed to be worked through by both teams. • The Level templates would be uploaded on 20 May for review, and we would continue to follow the robust due diligence process that we had been using to gather that information and make sure that by the 30th of June we had concluded all the work that we needed to do. • Copies of the contracts and a list of clinical and non-clinical contracts were included within the agenda papers. • The Chair reported that the key points that came out of the CLCC debate. Were we consulting on the Derbyshire policies being overlaid on the Glossop residents, or were we providing an open consultation on the various options, eg do we go for a 3 cycle policy or 1 cycle policy for IVF? It was noted that CLCC felt this was yet to be determined, and further work was required on what we would be consulting on; we could not consult on something that was not an option. • Both Jill Dentith and Andrew Middleton felt this had potential for significant risks and needed managing. It also had massive potential for publicity and reputational impact. • Andrew Middleton reported that in the worst-case scenario of levelling up to Glossop's expectations, the financial figures would be significant for all those potential policy disparities and the Finance Committee would need to be involved at that point. It was noted that we had to be realistic, and we could only spend our money once and it needed to be prioritised. • Richard Chapman did not feel that it was a question of levelling up. The purpose of a CCG and ICB, was to arrange services	

	such that they delivered best value for the health and wellbeing of the population. One would expect an ICS to be constantly reviewing its clinical policies to establish whether resources were deployed in the way that created best value, in the same way as the CCG currently did. It was not a question of choosing one or the other, it was a question of establishing what we believed the best deployment of our resources were to deliver that value, and then deciding on that basis. We could decide that 3 cycles of IVF created greater value than investment in any other health or care area, or we may decide that 1 cycle of IVF created a best value because it released resource to invest in other areas; it would ultimately be up to the ICB and the ICS to make a decision on the IVF policy going forwards. The Chair thanked Chrissy Tucker and Clare Walker for their expert summaries and thanked all the teams for their hard work in preparing these reports. It was noted that the Chair and members of the Audit Committee had reviewed the contents of this report and appendices and were satisfied that they had been through a very rigorous process. Tiffany Hey reported that Kevin Watkins, 360 Assurance, had attended the CCG Transition Project Group and had recently attended the Transition Assurance Committee. Kevin Watkins wanted to give his assurance, that through that attendance, it had given him assurance that things had been well managed, and he had no concerns to raise to this Committee. It was noted that the Draft Head of Internal Audit Opinion had been submitted to the CCG on 10th of March 2022. **The Audit Committee:** • **NOTED the contents of this report.** • **REVIEWED the contents of the appendices.** • **AGREED that the process and actions for the safe and legal closure of the CCG were sufficient and would permit the CCG's Chief Executive Officer to provide assurance of this to the NHSEI Midlands Regional Director.** It was agreed to circulate the minutes from DDCCG Audit Committee from 26 April 2022 for virtual approval.	DD
AC/2223/017	**Any Other Business** There was no further business.	
AC/2223/018	**Assurance Questions** 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance processes? Yes.	

	2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate a detailed report with sufficient factual information and clear recommendations? Yes. 3. Were papers that have already been reported on at another committee presented to you in a summary form? Yes. 4. Was the content of the papers suitable and appropriate for the public domain? Not entirely. 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow Committee members to review the papers for assurance purposes? No, but there were mitigating circumstances. 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No. 7. What recommendations does the Committee want to make to the Governing Body following the assurance process at today's Committee meeting? Governing Body would be supplied with a standard Assurance Report from the meeting today.	IG
AC/2223/019	**Date of Next Meetings:** **Audit Committee Friday 10 June 2022 at 11.30am**	

Signed: …….. Dated: …….
(Chair)

MINUTES OF DERBYSHIRE ENGAGEMENT COMMITTEE MEETING HELD ON 17 May 2022 VIA MICROSOFT TEAMS 11:15 - 13:15

Present:		
Martin Whittle - **Chair**	MW	Governing Body Lay Member, DDCCG
Steven Bramley	SB	Lay Representative
Julian Corner	JC	Non-Executive Director, ICB (observing part of the meeting)
Helen Dillistone	HD	Executive Director Corporate Strategy and Delivery, DDCCG
Rebecca Johnson	RJ	Health Watch, Derby
Karen Lloyd	KL	Head of Engagement, Joined Up Care Derbyshire
Simon McCandlish	SMc	Governing Body Lay Member, DDCCG (Deputy Chair)
Chris Mitchell	CM	Public Governor, Derbyshire Dales and High Peak, Derbyshire Healthcare NHS foundation
Harriet Nichol	HN	Engagement Involvement Manager, Healthwatch Derbyshire
Margaret Rotchell	MR	Lead Governor, Chesterfield Royal Hospital
Maura Teager	MT	Lead Governor, University Hospitals of Derby and Burton NHS Foundation Trust
Sean Thornton	ST	Assistant Director Communications and Engagement, DDCCG and Joined Up Care Derbyshire
In Attendance:		
Lucinda Frearson	LF	Executive Assistant (Admin), DDCCG
Gareth Duggan	GD	Media Communications Manager, DDCCG
Claire Haynes	CH	Engagement Manager, DDCCG
Michael Oglesby	MO	Website Project Manager, DDCCG
Clare Walker	CW	Senior Programme Manager – Glossop Transition, DDCCG
Apologies:		
Kim Harper	KH	Community Action Derby
Tim Peacock	TP	Lay Representative
Ian Shaw	IS	Lay Member for Primary Care Commissioning
Beverley Smith	BSm	Director Corporate Strategy & Development, DDCCG
Lynn Walshaw	LW	Deputy Lead Governor, Derbyshire Community Health Services NHS Foundation Trust
Jocelyn Street	JS	Lay Representative

Item No.	Item	Action
EC/2223/020	**WELCOME APOLOGIES AND QUORACY** Martin Whittle (MW) welcomed all to the meeting and confirmed the meeting to be quorate. Introductions were made with MW extending a particular welcome to Julian Corner (JC) who will be Chairing the equivalent Committee within the Integrated Care Board (ICB). Apologies were noted as above.	
EC/2223/021	**DECLARATIONS OF INTEREST** MW reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG).	

	Declarations declared by members of the Engagement Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body (GB) or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk Declarations from today's meeting: No declarations were made for today's meeting.	
EC/2223/022	**CONFIDENTIAL: GLOSSOP COMMISSIONING POLICY DIFFERENCES** The Committee received an update on progress with the transition of the Glossop area into the Derbyshire ICS boundary from 1 July 2022. There has been continued dialogue with Glossop residents since the Secretary of State announced the boundary amendment in 2021. **Engagement Committee NOTED the contents and recommendations.** CW left the meeting.	

EC/2223/023	**JUCD COMMUNICATIONS AND ENGAGEMENT STRATEGY – UPDATED DRAFT**
	
	ST provided an update of the strategy to show progress prior to submission to NHSEI highlighting the document was still developing and would continue to track the development of the ICB and Integrated Care Partnership (ICP). The Local Authorities had also provided input highlighting their engagement mechanisms which the system could make more use of.
	
	The Consultation Institute had offered to give all systems 1hr free to review strategies and give feedback. The feedback received indicated a good draft.
	
	Engagement Committee offered the following comments and questions:
	
	• Tim Peacock (TP) had forwarded several points prior to the meeting as he was not in attendance, these were: -
	
	  • The resource challenges, suggesting beginning to note a risk around the implications on the resources within the engagement team as once assessed they may be beyond those allocated in which case the strategy would not be able to be implemented in the way set out.
	  Action: ST to raise risk with regard to implications on resources.
	
	  • Suggested a simple search facility or database making it easier for people to understand topics and for them to get involved taking forward with the engagement platform and website.
	
	• Helen Dillistone (HD) stated each organisation making up the Integrated Care System (ICS) had communication and engagement teams and although we are leading for the ICB there is a need to harness that support and resource.
	
	• Karen Lloyd (KL) commented, there could possibly be lots of communication and engagement resource within the system some
		ST

	dealing with specific areas such as friends and family, so their engagement resource would be limited. **Engagement Committee REVIEWED the draft and NOTED timetable for submission.**	
EC/2223/024	**NEW S14Z2/EIA PROCESS** Claire Haynes (CH) presented an update on the 2 papers: - New S14Z2 Form: The form now known as the Patient and Public Involvement Form has been amended due to complexity of completion. A gateway process has been introduced to reduce the number of pages that require completion in the first instance. Only sections 1 and 2 require completion prior to returning to the team for an assessment. The majority of cases will have to go through the full form, but the new format allows the team to provide support at various stages in the process. It also means a full form does not have to be completed if not required reducing workload. The new process is more assured but still quite rigorous. Equality Impact Assessments (EIA): The form is one element of the Quality and Equality Impact Assessment (QEIA) process. Feedback was the forms were clunky and difficult to complete so were not being completed correctly. Development work has taken place to improve with the changes being taken through the Diversity and Inclusion Network (DIN) and receiving their approval. **Engagement Committee REVIEWED and SUPPORTED the changes.**	
EC/2223/025	**COMMITTEE ANNUAL REPORT** MW explained the Annual Report was raised each year however this year's report will cover April 2021 to June 2022, highlighting work done over the year and any live matters being transferred over to the new Committee. The Annual Report will be presented at the June GB and may change slightly due to a discussion around risks later in this meeting. **Engagement Committee APPROVED the contents of the report.**	
EC/2223/026	**CLOSE DOWN OF CCG COMMITTEES AND HANDOVER DOCUMENT** MW clarified the purpose of the document was to set out the risks, actions and matters needing to be moved over to the new committee pointing out Risk 16 currently still exists in the report but with a proposal to close the risk later in the meeting a change may be required. **Engagement Committee NOTED and APPROVED the closure position.**	
EC/2223/027	**ICS COMMUNICATIONS AND ENGAGEMENT PLAN** • **Website Demonstration** • **Core ICS Narrative and Messaging** ST introduced Gareth Duggan (GD) and Michael Oglesby (MO) who were presenting the website to members. The aims for the new websites and core narratives were to try to find the right words in a simple straightforward way to explain what the ICS is intended to do, and nothing was yet finalised.	

	GD informed members of the bespoke photography, and branding colours which reflects partner colours. All existing content on JUCD and CCG websites are being reviewed and moved across. MO presented the website to members. Engagement Committee offered the following comments and questions: - • HD felt the site good, clear, and colourful and asked about the ICB website. MO advised the ICB website was within the website. The ICB is an NHS organisation, so it has NHS digital branding and is also work in progress. • HD asked how staff are to be involved. MO was planning a soft launch in June to get user feedback prior to a hard launch on 1 July 2022. • Chris Mitchell (CM) highlighted the search facility and the need to be very obvious and queried if there were plans to have easy read versions. MO had been trying to make as easy as possible for users to find things with a summary at the beginning. • SB praised the work done finding it simple and easy to follow and asking around the option of dark mode for those who have vision problems. ST requested members to read through and provide any feedback on the core narrative and messaging paper with particular interest in NHS Confederation materials as they are written with a view that systems can lift and use. **Action: Members asked to review and feedback to ST or LF** **Engagement Committee RECEIVED demonstration of the new websites.** MO and DG left the meeting.	**ALL**
EC/2223/028	**COMMUNICATIONS AND ENGAGEMENT PERFORMANCE REPORT** ST explained the report showed an overview of communications and engagement core activity outputs and analysis. The report brings in some key measures and is developed in a way that should give assurance to the Committee. This was the first version with work in progress and being presented for feedback and comments. Engagement Committee offered the following comments and questions: • TP commented in absence the many measures and suggested 3 different specific measures could be focused on at each meeting. **Action: Place measures on the forward planner for September.** • TP also asked if it was known when the population were affected by a particular change how many had viewed or commented. ST advised yes in theory by the number that had enquired about the change. **The Engagement Committee NOTED the verbal update.**	**LF**
EC/2223/029	**S14Z2 LOG** Nil return for this month. There were forms in process but not completed, reviewed, and signed off these will be presented at the next meeting. **Engagement Committee NOTED the verbal update.**	

EC/2223/030	**FUTURE RISK AND CLOSURE OF RISK 16** This item was discussed within item 031.	
EC/2223/031	**DDCCG Exception Risk Report** Committee had reviewed Risk 16 at a previous meeting and agreed to close the risk. The process that follows is that it is then communicated to GB then there is a 2 month wait to ensure there is nothing that will affect the proposal. As there has been no change it is now proposed to formally close the risk and communicate to GB in June. It is on the basis that we now have a standard process. **The Engagement Committee AGREED closure of RISK 16**	
EC/2223/032	**GOVERNING BODY ASSURANCE FRAMEWORK – QUARTER 1 REVIEW** ST advised there was nothing of note to add to the assurance on the risk and this would be moved over to the ICB as a continuity item. **Engagement Committee NOTED no change.**	
EC/2223/033	**MINUTES OF THE MEETING HELD ON: 26 APRIL 2022** **Engagement Committee ACCEPTED the Minutes of the previous meeting as a true and accurate record.**	
EC/2223/034	**MATTERS ARISING** There were no matters arising.	
EC/2223/035	**ACTION LOG FROM THE MEETING HELD ON: 26 APRIL 2022** **Engagement Committee REVIEWED the action log and updated during the meeting.**	
EC/2223/036	**ENGAGEMENT COMMITTEE FORWARD PLANNER 2022/23 FOR REVIEW AND AGREEMENT.** Additions required: - Performance Report/Measures **– September Meeting** HD/ST to talk to Committee about arrangements post July and developing the TOR. Looking at 2 phases of development; Phase 1 will look similar to the Engagement Committee and its assurance role and Phase 2 in the autumn will start to think about the wider connections with the ICP **– June Meeting** **Engagement Committee REVIEWED and AGREED the Forward Planner.**	
EC/2223/017	**ANY OTHER BUSINESS** No further business was raised.	

EC/2223/018	**FUTURE MEETINGS IN 2022/23** **Time: 11:15 – 13:15** **Meetings will be held as virtual meetings until further notice.** **Tuesday 21 June 2022**	
EC/2223/019	**ASSURANCE QUESTIONS** 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? **Yes** 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? **Yes** 3. Were papers that have already been reported on at another committee presented to you in a summary form? **Yes** 4. Was the content of the papers suitable and appropriate for the public domain? **Yes** 5. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? **Yes** 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? **No** **7.** What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? **None, there was felt to be no specific recommendation at this stage.**	
DATE AND TIME OF NEXT MEETING		
Date: Tuesday 21 June 2022		
Time: 11:15 – 13:15		

NHS
Derby and Derbyshire
Clinical Commissioning Group

MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE

PUBLIC MEETING

HELD ON

Wednesday 25th May 2022

Microsoft Teams Meeting 10:00am – 10:30am

PRESENT

Ian Shaw (Chair)	**IS**	Chair, Lay Member, DDCCG
Jill Dentith	**JeD**	Lay Member, DDCCG
Darran Green	**DG**	Associate Chief Finance Officer, DDCCG (for CFO)
Simon McCandlish	**SMc**	Deputy Chair, Lay Member, DDCCG
Marie Scouse	**MS**	AD of Nursing & Quality, DDCCG (for CNO)

IN ATTENDANCE

John Ashcroft	**JA**	GP, Deputy Medical Director for DDCCG LMC
Hannah Belcher	**HB**	AD GP Commissioning & Development, DDCCG
Ged Connolly-Thompson	**GCT**	Head of Digital Development, DDCCG
Judy Derricott	**JDe**	Head of Primary Care Quality, DDCCG
Pauline Innes	**PI**	Executive Assistant, DDCCG
Jean Richards	**JR**	Primary Care Commissioning Manager, DDCCG

APOLOGIES

Brigid Stacey	**BS**	Chief Nursing Officer, DDCCG
Dr Steve Lloyd	**SL**	Executive Medical Director DDCCG
Ben Milton	**BM**	GP, Medical Director for Derby & Derbyshire LMC
Clive Newman	**CN**	Director of GP Development, DDCCG

ITEM NO.	ITEM	ACTION
PCCC/2223/210	**WELCOME AND APOLOGIES** Ian Shaw (IS) as Chair welcomed all to the meeting and confirming the meeting to be quorate. There was one member of the public present. Apologies were received and noted as above.	
PCCC/2223/211	**DECLARATIONS OF INTEREST** The Chair informed members of the public of the committee members' obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG). Declarations declared by members of the Primary Care Commissioning Committee (PCCC) are listed in the CCG's Register of Interests and included within the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk	

	Declarations of interest from today's meeting There were no declarations of interest raised.	
FOR DECISION		
PCCC/2223/212	**HOLLYBROOK MEDICAL CENTRE & HAVEN MEDICAL CENTRE PRACTICE MERGER** Hannah Belcher (HB) presented the report reminding the Committee of discussions that took place in January 2022 where it was agreed in principle the full merger of the Hollybrook Medical Centre & Haven Medical Centre subject to the outcome of the patient engagement. The Practices have worked very closely with individual PPGs which also includes the PPG at their additional practice Parkfields, Derby City which is likewise part of the group. The PPGs were very supportive of the merger and have developed a comprehensive list of Frequently asked Questions (FAQ). From an assurance point of view feedback was viewed as positive from the patients with there being no changes to opening hours or services and will provide patients with a greater choice of flexibility in how they are able to access services. The Committee are asked to note that there will be a new GMS contract from July 2022 and to also note the boundary change which aligns across all the practices. Jill Dentith (JeD) thanked HB for the report and recognised the positive news about the patient engagement, querying Appendix 1 which relates to FAQs rather than patient engagement. JeD sought confirmation of triangulation of evidence that patients have been engaged with during this process. HB clarified that confirmation is available from the PPGs where information has been collated following patient feedback offering to email this information to the Committee if required. **The Primary Care Commissioning Committee NOTED the process and APPROVED the merger.**	
FOR ASSURANCE		
PCCC/2223/213	**FINANCE UPDATE** Darran Green (DG) presented the finance report for Month 12 and the following points of note were made. • As at month 12 the CCG had total resources of £2.1b for the last financial year and reported a small surplus of £121k • The Primary Co-commissioning position was a small surplus of £7k on allocations of £164m, with the position being in overspend of £1.4m on allocations of £214m. This overspend has been largely driven by practice prescribing • The overall position of £121k surplus forms the basis of the CCGs 2021/22 annual accounts. The draft accounts have been submitted to NHSE/I, and KPMG external auditors. The accounts have been presented to the CCG Audit Committee in draft form and are currently being audited and initial discussions with KPMG are that there have made no findings that they needed to bring to the CCGs attention. • The accounts will be presented to the Audit Committee on the 10th June 2022 where KPMG will present their findings which is known as a (ISA)	

	260 and there is an expectation that the accounts will be approved by the Audit Committee. Ian Shaw (IS) enquired if there are any plans in place with regards to GP prescribing and the long waiting lists prior to being treated, asking if there is any financial planning moving forward. DG reported that there is anticipation that there will be further practice prescribing however there is also anticipation this year that we will be able to deliver a level of efficiencies which has not been possible in the last couple of years due to the medicines management team resources being re-directed to the vaccination programme. Investment has been made in additional resources into practice prescribing with an efficiency challenge for 2022/23 of which the medicine management have already got a line of sight on £6.5m of potential savings. Jill Denith (JeD) stated that the finances appear to be in a positive position in terms of the primary care element and the wider CCG accounting processes. JeD queried the winter access fund where it is showing in primary care co-commissioning that it is decreasing however primary care costs are showing an increase. DG explained that this is purely presentational with regards to how NHSE/I have directed the CCG to show in their accounts. **Primary Care Commissioning Committee NOTED and RECEIVED the Finance Report for Month 12.**	
PCCC/2223/214	**RISK REGISTER EXCEPTION REPORT** Hannah Belcher (HB) presented the report stating that following the meeting in April 2022 a meeting took place with Judy Derricott to review the risks. The paper presented today is the standard report but is also to propose amalgamation of both the contracting and quality risk that was previously separate. Jill Dentith (JeD) stated that the reporting of both risks is a significant improvement on the previous version and suggested where the new proposed risk talks about GP practice that this be re-worded to read Primary Medical Services. Ian Shaw (IS) referred to the recruitment of GP Partners in terms of the partnership model asking if this will be actively supported by the ICB. HB explained that there is no change to the partnership model. Marie Scouse (MS) suggested that where the risk states "*failure of GP practices"* should also state "*deliver quality Primary Medical services"*, due to the risk being a failure of individual practices within the remit of primary medical services. JDe stated that both statements can be included. Kath Bagshaw (KB) referred to the partnership model in Ben Milton's absence in terms of the role of the GP taskforce which is part of LMC. **The Primary Care Commissioning Committee NOTED and RECEIVED the risk assigned to the Committee.**	**JDe / HB** **JDe**
PCCC/2223/215	**PRIMARY CARE QUALITY & PERFORMANCE ASSURANCE REPORT – QUARTER 4** Judy Derricott (JDe) presented the report to the Committee. The paper was taken as read.	

	The Primary Care Commissioning Committee NOTED and RECEIVED the report.	
PCCC/2223/216	**NHSE/I PRIMARY MEDICAL CARE POLICY AND GUIDANCE MANUAL V4 UPDATED MAY 2022** Hannah Belcher (HB) presented the report which provides information about the national guidance document which sets out all the contractual requirements in terms of processes that CCGs need to follow on behalf of NHSE/I in managing the primary medical care contracts on their behalf. HB brought the Committees attention to Appendix 1 which highlights the summary of changes. The paper is to provide assurance to the Committee that if any requests are received for contract changes the team will refer to the latest version of the guidance to ensure that all steps are followed. **The Primary Care Commissioning Committee NOTED and RECEIVED the report.**	
FOR INFORMATION		
	There were no items for Information	
MINUTES AND MATTERS ARISING		
PCCC/2223/217	**Minutes of the Primary Care Commissioning Committee meeting held on 27th April 2022** The minutes from the meeting held on 27th April 2022 were agreed to be a true and accurate record of the meeting.	
PCCC/2223/218	**MATTERS ARISING MATRIX** The action matrix was reviewed and updated during the meeting.	
PCCC/2223/219	**FORWARD PLANNER** **The Primary Care Commissioning Committee NOTED the forward planner.**	
PCCC/2223/220	**ANY OTHER BUSINESS** No items of any other business were raised.	
PCCC/2223/221	**ASSURANCE QUESTIONS** 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? **Yes** 2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? **Yes** 3. Were papers that have already been reported on at another committee presented to you in a summary form? **Yes** 4. Was the content of the papers suitable and appropriate for the public domain? **Yes**	

	5. Were the papers sent to Committee members at least five working days in advance of the meeting to allow for the review of papers for assurance purposes? **Yes** 6. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? **No** 7. What recommendations does the Committee want to make to Governing Body following the assurance process at today's Committee meeting? **None.**	
	DATE AND TIME OF NEXT MEETING	
Wednesday 22nd June 2022, 10:00-10:30am via Microsoft Teams Meeting		

NHS
Derby and Derbyshire
Clinical Commissioning Group

MINUTES OF QUALITY AND PERFORMANCE COMMITTEE
HELD ON THURSDAY 26TH MAY 2022
9AM TO 10.30AM
MS TEAMS

Present:		
Andrew Middleton (Vice Chair)	AM	Lay Member, Finance
Dr Kath Bagshaw	KB	Deputy Medical Director
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG
Helen Hipkiss	HH	Director of Quality, DDCCG
Simon McCalandish	SMcC	Lay Member, Patient Experience
Grace Mhora	GM	Senior Quality Assurance Manager
Harriet Nicol	HN	Healthwatch
Temi Omorinoye	TO	Senior Medicines Optimisation Pharmacist
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Emma Pizzey	EP	GP South
Michelina Racioppi	MR	Asst Director of Safeguarding Children / Lead Designated Nurse for Safeguarding Children
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Phil Sugden	PS	Asst Director of Quality – Community and MH
Dr Merryl Watkins	MWa	Governing Body GP, DDCCG
Craig West	CW	Senior Finance Manager
In Attendance:		
Jo Pearce (Minutes)	JP	Executive Assistant to Chief Nurse, DDCCG
Apologies		
Dr. Bruce Braithwaite	BB	Secondary Care Consultant
Tracy Burton	TB	Deputy Chief Nurse, DDCCG
Alison Cargill	AC	Asst Director of Quality, DDCCG
Steve Hulme	SH	Asst Director – Medicines Management & ICS Pharmacy Lead
Dr Steve Lloyd	SL	Medical Director - DDCCG
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Martin Whittle	MW	Vice Chair and Governing Body Lay Member, Patient and Public Involvement, DDCCG
Rosalie Whitehead	RW	Risk Management & Legal Assurance Manager
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG

Item No.	Item	Action
QP2122 /204	**Welcome, Apologies & Quoracy** Apologies were received as above. AM declared the meeting quorate.	
QP2122 /205	**Declarations Of Interest** AM reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG. Declarations declared by members of the Quality and Performance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: www.derbyandderbyshireccg.nhs.uk Declarations of interest from sub-committees No declarations of interest were made. Declarations of interest from today's meeting No declarations of interest were made.	
	AM confirmed that the meeting will be conducted in a more abbreviated form. Some of the papers have been listed on the agenda for information only and Committee members were asked to submit questions relating to the papers before the meeting. Responses to the questions were circulated to the Committee members prior to the meeting and are included within these minutes. The questions are being collated for future reference if needed.	
	Integrated Report The paper was taken as read. JC noted the key highlights as listed below and then asked the Committee members for questions. **Performance** • A&E performance continues to deteriorate with over 1200 12hr breaches in April at UHDBFT. It is felt this is a national issue. • UHDBFT were on OPEL Level 4 for 26 continuous days in April .	

	• RTT - There is focus on the patient who have been waiting over 104 weeks. As at end March there were 434 CCG patients who had been waiting over two years for treatment. 102 of these patients were waiting for treatment in other parts of the country. April data is showing a more positive picture and the Trusts in other parts of the country are being contacted for updates. **Cancer** • 2 Week Wait Referrals at both trusts for April were 65% higher that April 2019 and in March it was 38% higher. • As part of the H2 plan both trusts were asked to submit trajectories and both trusts have hit 15% over their trajectories. • Backlogs are an issue at UHDBFT for patient waiting over 62 days for treatment and there is focussed work in this area. **Quality** • The system has been working on discharge plans with a focus on home first and reablement. The JUCD SLT team agreed that the focus will be on home first and bed base will not be increased. • Home First model is being used and £50m is being used to support this. • Workforce – agreement has been given to work on a health and social care worker. HH is working with the HR Director to look at a model with a reasonable pay rate and career pathway. **Activity Report** The contents of the Activity Report were noted. MWa made a comment around the 2 week waits, noting that if there is any suggestion of a patient having cancer, they will be put onto a 2WW which may have resulted in the increase in referrals. The long waits are also impacting on general practice with patient asking if their appointment can be expedited as well as them becoming more unwell. **The Integrated Report was approved by the Chair**.	
	GBAF Q1 SP presented the report to the Committee. SP noted the risks listed within the GBAF will be the closing position for NHS Derby and Derbyshire CCG and will be presented to the CCG Governing Body on 16th June. The opening position of Derby and Derbyshire ICB GBAF risks will be presented to the ICB at the inaugural meeting on 1st July 2022. The GBAF Task & Finish Group have reviewed the risks in detail and there have been no changes to the risk scores.	

	AM asked Committee members if they felt there were any areas which had been omitted from the GBAF. Committee members confirmed that they were happy with the risks that are due to be transferred.	
	Risk Register SP presented the report to the Committee. SP noted the 3 high risks which relate to the Quality and Performance Committee. 1. Risk 01: *The Acute providers may breach thresholds in respect of the A&E operational standards. Score 20* 2. Risk 03: *TCP Unable to maintain and sustain performance, Pace and change required to meet national TCP requirements. The Adult TCP is on recovery trajectory and rated amber with confidence whilst CYP TCP is rated Green, main risks to delivery are within market resource and development with workforce provision as the most significant risk for delivery. Score 20* 3. Risk 33: *There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these. Score 16* It is recommended that Risk 03 is reduced to 16 for the following reasons: The reason for the decrease is: • Focussed multi-agency work in now in place to manage pre-admissions and discharges. • Additional staffing has been recruited to administer a dynamic risk register and support the Care Treatment Review (CTR) process. • A review of the whole pathway is underway to co-produce future requirements. **The Committee approved the recommendation to reduce risk 03 from 20 to 16.** SP left the meeting.	
	Quality and Safety Visit Reports • **Chesterfield Royal** • **Royal Derby Hospitals Fast Tracks** • **Queens Hospital Burton** • **Hartington Unit** • **Walton Hospital** • **Radbourne Unit** • **Surge Ward Ripley Hospital** HH referred to the quality visits that had been carried out by herself and colleagues in the nursing and quality directorate. In summary there is little to note of concern and overall HH confirmed that she was impressed with	

	the level of care on the front line. In particular, HH noted the level of care on DCHS dementia ward was exceptional. AM suggested writing to the CNO's of the organisations to note the assurance given to the Quality and Performance Committee. HH will write to the organisations on behalf of AM as Chair of this meeting.	
	Safeguarding Children Update MR presented the paper as being read and asked Committee members for any questions. The purpose of the Safeguarding Children and looked after children report is to provide a brief update on activity and any key issues that the Q &P committee need to be made aware of. AM referred to the challenges around UASC (Unaccompanied Asylum Seeker Children). MR explained that in addition to pressures relating to contingency hotels and initial accommodation in Derby City and Derbyshire County there has been an increase in then number of UACS placed in LA care which impacts on the services the NHS and LA provides in terms of required assessments. In 20/21 there were 34 UACS compared to 18 in the previous year. AM asked if the increase was anticipated and if relevant teams prepared for the increase. MR responded to say LA and health colleagues have been working with the Home Office and SERCO and plan as much as possible, it is on the agenda and the Risk Register of the Derbyshire Safeguarding Partnership around the numbers of UACS placed in Derby and Derbyshire	
	EMAS Update The paper was taken as read and GM gave a summary of the key issues as below and then asked the Committee for any questions. • EMAS did not meet any of the six national standards in Q4 at a regional (East Midlands) and local (Derbyshire) level. • Regional pre-hospital handover delays greater than 60 minutes increased in Q4 to 12.1% of total conveyances. • For Derbyshire Post-hospital handover delays increased slightly with Q4 averaging 20-minutes. • EMAS reported 74 Serious incidents in from the 1st of April 2021 to the 31st of March 2022. • 17 out of the 29 serious incidents reported in Quarter four 2021-2022 were categorised as Delayed response or Prolonged response serious incidents. • The majority of serious incidents are reported when the Trust was in CSP4/CSP4A. • EMAS were requested to review their comprehensive action plan prior to the intended evaluation date of July 2022 which the CQRG will continue to monitor.	

	• One locally agreed Never event was reported in Quarter 4. • There was low compliance with statutory mandatory training and appraisals due to them being paused for most of 2021-2022 financial year. They have now been recommenced. • There were significant number of covid related outbreaks in the quarter. • The CQUIN was agreed with EMAS for 2022-2023 financial year which was the flu and a wound management CQUIN. AM asked what % of EMAS capacity is held up outside hospitals at any one time, GM confirmed that it is 12% of total conveyances. EP referred to occasions that her GP Practice have called for an ambulance and have been asked by EMAS if there are alternative means of transporting the patient to the hospital which is not always ideal. GM explained that EMAS may ask this question if it is apparent there will be delays in conveying an ambulance to a patient. At the last CQRG meeting is was noted that if patients called for an ambulance with chest pains or stroke symptoms then they were being prioritised. EMAS CQRG members were asked to review the action plan which focuses on the four pillars of demand and identify if there are any areas for further improvement. MWa asked about the efficiency of crews and suggested the wrap around for the ambulance service needs some attention. GM responded and confirmed harm reviews have been carried out for patients who had been delayed in getting an ambulance. It was found that some patients could have been routed to an alternative pathway if the services were available in the community. End to end reviews are being instigated for the counties and this could be an opportune time to share any learning. The Committee noted the report.	
	Medicines Management Update The paper was taken as read, TO noted the key highlights as listed below and then asked the Committee members for questions. • Drug safety alerts are shared with clinicians highlighting actions that they need to take. • There has been a push to register GPs onto the LPSE system and the Medicines management team are supporting practices to do this. • Monitoring of patients on long term Nitrofurantoin use. There is no national consensus on how frequently to monitor these patients which poses a risk. Until the regional and national antimicrobial leads are working on a response an interim system position has been agreed to monitor renal function, liver function and bloods every 6 months. This is reflected in guidelines and alerts have been put onto GP clinical systems. • There was a recall from the manufacturer of a specialist baby milk due to possible contamination. A search was carried out across Derbyshire and clinicians who had prescribed were contacted and	

	work was carried out to transfer the patients onto an alternative baby formula. • The CCG is still under the national target for prescribing • The medicines management team will be supporting practices with training around antimicrobial stewardship and appropriate prescribing of antibiotics via the QUEST sessions. • The AMR IPC System Committee continues to meet, and the AMR strategy has been presented at a previous Quality and Performance Meeting and ratified at the System Quality Group meeting. Work is being carried out with system partners to implement the strategy. GS asked if patients taking Nitrofurantoin should be sent a letter listing potential symptoms. TO confirmed that this would be possible, and she would be happy to develop and patient information leaflet work with practices to implement.	
	Continuing Health Care Operational Group ToR For Ratification **Continuing Health Care Contract Management Board ToR For Ratification.** HH noted that the ToR for both meetings are due for review and no significant changes have been made. Committee reviewed and approved the ToR for the CHC Operational Group and CHC Contact Management Board.	
	Continuing Healthcare (CHC) The paper was taken as read. There were no questions raised by the Committee members. The Committee noted the contents and approved the paper.	
QP2122 /215	**Infection Prevention Control (IPC)** The paper was taken as read. There were no questions raised by the Committee members. The Committee noted the contents and approved the paper.	
QP2122 /1216	**Care Homes** The paper was taken as read. There were no questions raised by the Committee members. The Committee noted the contents and approved the paper.	

QP2122 /217	**JUCD QEIQ** The paper was taken as read. There were no questions raised by the Committee members. The Committee noted the contents and approved the paper.	
QP2122 /218	**Minutes From Sub Committees** The Committee noted the minutes from the following sub-Committees: Updates from Trust CQRG meetings. UHDBFT CRHFT	
QP2122 /219	**Minutes From The Meeting Held On 28th April 2022** The minutes were approved as a true and accurate record.	
QP2122 /220	**Matters Arising And Action Log** The action log was reviewed and updated.	
QP2122 /221	**AOB** There were no matters raised under AOB.	
QP2122 /222	**Forward Planner** The Forward Planner was reviewed. No updates were made.	
QP2122 /223	**Any Significant Safety Concerns To Note** None raised.	
	Assurance Questions • Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes • Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? Yes	

	• Were papers that have already been reported on at another committee presented to you in a summary form? Yes • Was the content of the papers suitable and appropriate for the public domain? Yes • Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? Yes • Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? No • What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None	

DATE AND TIME OF NEXT MEETING
Date: 30th June 2022
Time: 9am to 10.30am
Venue: MS Teams

NHS
Derby and Derbyshire
Integrated Care Board

DRAFT MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD MEETING

HELD ON FRIDAY 1st JULY 2022

VIA MICROSOFT TEAMS

Present:		
John MacDonald	JM	ICB Chair (Chair)
Tracy Allen	TA	Chief Executive DCHS & Place Partnerships (NHS Trust & FT Partner Member)
Dr Chris Clayton	CC	ICB Chief Executive Officer
Julian Corner	JC	ICB Non-Executive Member
Dr Buk Dhadda	BD	ICB Non-Executive Member / Vice Chair of the ICB Board
Helen Dillistone	HD	Executive Director of Corporate Affairs
Keith Griffiths	KG	ICB Executive Director of Finance
Zara Jones	ZJ	Executive Director of Strategy & Planning
Ifti Majid	IM	Chief Executive DHcFT & Provider Collaborative at Scale (NHS Trust & FT Partner Member for Mental Health)
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Medical Services)
Amanda Rawlings	AR	Chief People Officer
Perveez Sadiq	PS	Service Director Adult Social Care, Derby City Council (deputising for Andy Smith – Local Authority Partner Member)
Brigid Stacey	BS	Chief Nursing Officer & Deputy Chief Executive Officer
Sue Sunderland	SS	ICB Non-Executive Member
Dean Wallace	DW	Director of Public Health, Derbyshire County Council (Local Authority Partner Member)
Dr Chris Weiner	CW	ICB Chief Medical Officer
Richard Wright	RW	ICB Non-Executive Member
In Attendance:		
Darren Askcroft	DA	BSL Interpreter
Helen Brooks	HB	BSL Interpreter
Chlinder Jandu	CJ	Administration
Suzanne Pickering	SP	Head of Governance
Apologies:		
Dr Avi Bhatia	AB	Clinical & Professional Leadership Group participant to the Board
Margaret Gildea	MG	ICB Non-Executive Member
Andy Smith	AS	Strategic Director of People Services, Derbyshire County Council (Local Authority Partner Member)

Item No.	Item	Action
ICB/2223/01	**Welcome and apologies** John McDonald (JM) welcomed members to the meeting. Apologies were noted as above.	
ICB/2223/02	**Confirmation of quoracy** It was confirmed that the meeting was quorate.	
ICB/2223/03	**Declarations of Interest** The Chair reminded committee members of their obligation to declare any interests they may have on issues arising at committee meetings which might conflict with the business of the ICB. Declarations made by members of the Board are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website at the following link: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/ Declarations of interest from today's meeting Correction: JM confirmed he is no longer a member of the Nottingham and Nottinghamshire ICS Board. Dr Chris Clayton (CC) declared an interest in Items 4 and 5. It was noted and agreed that CC would not form part of the conversation.	
ICB/2223/04	**Introduction - Members of the Integrated Care Board (JM)** JM introduced members of the Board. **Derby and Derbyshire Integrated Care Board: Inaugural Meeting Chair's Comments** The Chair welcomed delegates to the inaugural meeting of NHS Derby and Derbyshire Integrated Care Board (ICB) and described that over the last few years colleagues had increasingly been working in partnership across the health and care system. The Health and Care Act 2022 and the Integrated Care Boards (Establishment) Order 2022 now establishes Integrated Care Systems on a statutory footing. The Derby and Derbyshire system has had a very willing	

	partnership and the Act provides improved abilities to continue this journey. The statutory duties in the new Act have been further developed and refined in guidance from NHSE and set out in a number of papers to be considering at this meeting. JM envisaged these duties to be encapsulated in three missions: 1. plan and secure the delivery of cost effective, high-quality integrated care across the health and care system; 2. enable and empower partnership working and collaboration; and 3. be a valued and effective partner in improving the health of the population, reducing inequalities and addressing the wider determinants of health. These wider responsibilities will require the ICB and other organisations to work in a different way. JM described his aspiration being that: • the Board's ambition and strategy will be driven by our communities and shaped by our clinical and professional leaders; • the vision will be ambitious but realistic, meeting the challenges of today and seizing the opportunities of tomorrow; • we will trust and respect each other and our individual organisational roles and responsibilities. Our system is not a hierarchy but partners working together with mutual accountability and responsibility; • we will be clear where we lead and where we are a valued partner in integrating care, improving the health of the population and reducing inequalities; • we will add value and not repeat, duplicate or second guess each other; • we will use data and information to intelligently inform the way we deliver services, analyse situations, agree solutions and take decisions; and • we will support each other and those who work across the health and care system. The responsibilities ICBs have been given are both a privilege and of huge importance to the wellbeing of the population we serve.	

ICB/2223/05	**Outline of the roles of the Integrated Care Board Non-Executive Members** JM introduced the Non-Executive Members of the Board and their responsibilities, which include: <u>Dr Buk Dhadda</u> • Chair of the Quality and Performance Committee • ICB Board Vice Chair • Doctors Disciplinary Lead <u>Julian Corner</u> • Chair of the Population Health and Strategic Commissioning Committee • Chair of Public Partnerships Committee • Chair of Individual Funding Requests Appeals Panel <u>Margaret Gildea</u> • Chair of Remuneration Committee • Chair of People and Culture Committee • Freedom to Speak up Guardian • Health and Wellbeing Champion • Equality and Diversity Champion <u>Sue Sunderland</u> • Chair of Audit and Governance Committee • Conflicts of Interest Guardian • Chair of Individual Funding Requests Panel <u>Richard Wright</u> • Chair of the Finance and Estates Committee • Security Management Champion • Chair of Persistent Contacts Panel • Panel Member of Individual Funding Requests Panel The Board **APPROVED** the appointments of the Non-Executive Members.	
ICB/2223/06	**Introductory Welcome and Update from the Integrated Care Board Chief Executive Officer** JM invited the Chief Executive Officer, Dr Chris Clayton, to set out the challenges we face, our priorities and the strategy which we will refine and adopt to improve the health of the population of Derby and Derbyshire. CC started by formally thanking the previous holders of the infrastructure for the CCG, Dr Avi Bhatia, Chair, and colleagues of the previous Governing Body.	

	Introductory thoughts to the NHS DDICB CC presented his thoughts and highlighted the strategic challenge that the ICB and the broader integrated partnerships inherit. There were three particular areas of challenge: 1. Health Gap – there are challenges across the country with regards to the overall health of the population and we have been appraised in the previous JUCD infrastructure about the challenges we have with regard to life expectancy and healthy life expectancy; 2. Care Gap – this is directly linked to the health gap. We have a challenge around the demands for health and social care in our system. There is a care gap in terms of being able to meet all the demands and expectations of the service; and 3. Resource Gap – The ability for us to respond to points 1 and 2 from the perspective of the people that work for us, the financial resource and the buildings that we work from. CC also highlighted key operational priorities that remain: 1. Urgent, Emergency and Critical Care; 2. Planned Care including Cancer, Maternity & Diagnostics; and 3. Mental Health, Learning Disabilities & Autism, and described three new functions that we will support our approach: • Integrated (Strategic) Commissioning; • Integrated (Strategic) Care; and • Integrated (Strategic) Assurance. There are key enablers in each function to underpin our work: • Data Information & intelligence • Transformation • Partnership • Communications & Engagement • Planning & Coordination • Good Governance & Leadership • Research Science & Technology (including Digital) CC described the next steps as being to: • build a strategic view at the ICB of the 3 key functions; • co-develop the plan that takes us to this point of 'true' ICS working; and	

	• continually test and challenge our improvement approach.	
FOR DECISION		
ICB/2223/07	**Adoption of key statutory documents for the new Integrated Care Board.** Helen Dillistone (HD) introduced the key statutory documents that the ICB Board are requested to adopt: • **Constitution** The Constitution sets out how the ICB will function, discharge its statutory duties, adhere to the legislation that is set out, what the decision-making arrangements will be for the new ICB and how it would be constituted. The Constitution has been published on the ICB's website live on our website and can now be viewed by the public, members of the board and the organisation. • **Governance Handbook** These are a series of documents which provide detailed guidance on how the governance arrangements within the ICB will operate. It has been developed in parallel with the Constitution and details the emerging work on the committees that will report to the Board. It also covers the Terms of References for each of the committees, and covers the eligible providers of primary medical services, a functions and decisions map, governance structure, scheme of reservation and delegation, standing financial instructions, corporate governance framework, standards of business conduct policy, and managing conflicts of interest policy. The reason for inclusion of this detail in the handbook as opposed to the main body of the Constitution is that we know that as the ICB will mature and develop, there may well be changes to some of the committees and we want to be able to amend those and reflect those changes rather than more formally going through a process to change the Constitution on each occasion. • **Health and Safety Policy** As a new organisation and as part of the readiness to operate it is a legal requirement for the ICB to have a health and safety policy in place.	

	• **ICP members** The founder members presented were noted by the Board. **The Board APPROVED the adoption of key statutory documentation for the new Integrated Care Board.**	
ICB/2223/08	**Process for approving and developing the essential Policies of the Integrated Care Board** HD introduced this paper which set out all of the essential policies that the new organisation will be required to have in place, as part of the work to establish the new organisation. In terms of the different areas, the Committees which will oversee the development of the new policies are listed together with which Committee would be the approving Committee. The report also detailed where they were previously approved, to give some sense of how new or old some of the policies are and also the current status for the ICB. The Corporate team already has a number of the policies in draft form, ready for approval at committee meeting when they formally start meeting from July onwards. HD advised that the ICB will look to align policies with our system partners and to highlight perhaps quite importantly some of the HR and organisational development policies. Work is already underway across the system, led by Amanda Rawlings, the Chief People Officer for the ICB who will be reviewing how we can align some People policies in line with the one workforce strategy. **The Board APPROVED the process for approving and developing the essential policies of the Integrated Care Board.**	
ICB/2223/09	**Opening Integrated Care Board Assurance Framework and Strategic Risks** HD presented this paper which considered how the ICB might identify the process which it will undertake to oversee the strategic risks that it faces, together with the Board Assurance Framework, as a tool which provides a structure and process that enables the organisation to focus on those strategic risks or principal risks which might compromise the ICB in achieving its objectives. It was acknowledged that further refinement and development will form part of the Board development	

	sessions taking place from July through to September. The final fully populated board assurance framework will be presented to the Board at its September meeting with the full mitigations and the full risk scoring for each of those strategic areas, which will be refreshed and represented at the board quarterly thereafter. Our internal auditors have been asked to facilitate a discussion in the autumn months around risk appetite and as part of the ongoing board development sessions. Sue Sunderland (SS) thanked HD for the work carried out and having had sight of this early on, and the thoughts about how it will develop. She felt this was a safe place to start and welcomed the opportunity in the development sessions to take this forward and think about how it reflects our priorities and risks. CC highlighted that there is a subtle difference in this architecture now. The ICB is an organisation with statutory duties and risks to these organisational statutory duties, but there is also a broader duty of the ICB around the facilitation of the partnership and the system. When managing risk, the ICB therefore need to consider including partner organisations, foundation trusts, the Integrated Care Partnership and colleagues in local authorities; with consideration being given to the risks held by these organisations and how they are managed and monitored, so that we triangulate and achieve a holistic view. The finance team are currently holding conversations about interconnectivity of risks. JM wished to reiterate both HD and CC's comments. This is a start and is one of the areas where we develop our partnerships and system working and agreed on the future plan to identify and manage risks across the system. **The Board AGREED the opening position in relation to strategic risks and the proposals for Board Assurance Framework development within this report.**	
ICB/2223/10	**Opening Integrated Care Board Risk Register** HD advised that this paper supports and further accompanies the previous discussion on risk, and is the suggested operational risk register that covers a number of areas across the organisation. The ICB Risk Register is designed to be a live management document which enables the organisation to understand its comprehensive risk, not	

	only the strategic risks, but also those more operational day-to-day risks as well. It is proposed that, through the committee, architecture and infrastructure, that the risks appended to this paper are allocated to the numerous and relevant committees who will, as would be expected, systematically review these existing risks, but also identify any new ones each month and agree and discuss the latest position on them together with any mitigations and controls that we can then more actively manage as the organisation develops. The report was presented to provide assurance that the sources that have been used to develop this risk register have come from numerous sources as part of the formal closedown of the CCG and also as part of the transition arrangements and the establishment of the new organisation. There were no comments or questions. **The Board AGREED the proposals for the Integrated Care Board Risk Register development within this report.**	
ICB/2223/11	**Arrangements and process for the appointment of the External Auditors** Keith Griffiths (KG) gave a background on this paper. Normally any contracts that the CCG had in place would automatically novate to the ICB. This cannot happen for external audits, given their independence. The paper advised that the ICB need to review the CCG external audit specification and contract and determine whether or not it is fit for purpose for the role of the ICB. The paper will be presented at the next Board meeting with a recommendation as to whether we do novate or whether we go back to the market. To do that independently and objectively, a small group of people will need to come together and look at the specification that currently exists. KG suggested working with the Audit and Governance Committee Chair to undertake this work and bring a recommendation back to the next Board meeting. SS confirmed a panel date is planned after the next Audit and Governance Committee.	

	The Board AGREED the arrangements and process for appointing External Auditors, which included: **a) forming an Audit Panel consisting of members of the Board;** **b) the Audit Panel considering the specifications of the novated contract of the CCG's External Audit to ensure this meets the needs of the ICB; and** **c) the Audit Panel recommending to the Board a decision on whether to appoint the CCG's External Auditor under the terms of the novated contract.**	
FOR DISCUSSION		
No items for discussion were received		
FOR INFORMATION		
ICB/2223/12	**Closing Due Diligence Checklist for NHS Derby and Derbyshire CCG** HD presented this paper for information and for completeness. It included four key documents that formed part of the closure of the CCG and transfer order to create the Integrated Care Board. • Derby and Derbyshire CCG closure report; • boundary change report; • changes to the due diligence checklist; and • letter from the CCG Accountable Officer. The Board were asked to note the contents of this report for assurance and information. **The Board NOTED the Closing Due Diligence Checklist for NHS Derby and Derbyshire CCG.**	
ICB/2223/13	**Confirmation of the adoption of the Primary Care Delegation Agreement** Zara Jones (ZJ) presented this item and advised that the agreement had previously been governed with delegated authority to our Chief Executive Officer to sign the agreement, however it is important to share here and highlight some key points. The NHS England delegation agreement for the transfer of responsibilities for primary medical services to the ICB from the 1st July 2022 was presented. It also included the delegation of services in regards to pharmacy, optometry and dental from April 2023. The ICB and NHSE are currently working together, with a view that in	

	mid-September the ICB will formally apply to take on these wider breadth of services. In terms of workforce, this is currently assigned to NHS England and work is in progress to understand how it might support the resourcing required at local ICB levels. We are also working with NHS England in terms of the financial position and what we will be inheriting as we go forward as an ICB. Updates will be provided to the Board as these things develop further. CC highlighted the importance of the presented information. As part of the Health and Care Bill, the Government and therefore NHS England is signalling the intent to bring the view of total resource allocations together. In the previous constructs of the NHS there were commissioning responsibilities between local CCGs and NHS England. This is now signalling a direction of travel over the next couple of years for bringing that total view back together. This means that we can really think about the spectrum from highly complex, highly specialised care that we need to commission, to care much closer to home and the preventative end of the spectrum. CC also noted that ZJ is starting to work through the different types of commissioning. There needs to be greater ownership and leadership compared to what CCGs used to have. Over the coming months we will not only be thinking through the broader primary care areas such as pharmacy, dentistry and optometry, but also starting to think through specialised commissioning. Integrated commissioning and strategy is a core element of our integrated commissioning work not only through the ICB but through a strong connection with NHS England colleagues who will retain some responsibilities and accountabilities. We will build that partnership, but also start to think about our work with local authorities strategically as we consider for example, health protection and vaccinations; and that this will form a really important part of that integrated commissioning work. CC also highlighted that this work is not only about Derbyshire, as we are forging really strong links across the East Midlands and the broader Midlands. The balance between delegations coming back to local areas from NHS England and delivery of that in partnership across the East Midlands or across the Midlands is important. Having local influence over an area that was previously operated at a greater scale on is going to be crucial.	

	JM commented that this will be a developing agenda for the Board who will have to reflect and make sure time is allocated to really understand how this works in a different way, it brings these areas together and harnesses benefits. **The Board NOTED the Delegation of Services from NHS England to Integrated Care Boards on 1st July 2022.**	
ICB/2223/14	**Transition Assurance Committee – Final Report and minutes, June 2022** JM thanked the Transition Assurance Committee for the work they have done over the last year. The Transition Assurance Committee looked to advise the Board about progress being made on the establishment of the ICB. Dr Bhatia chaired this committee and has done a huge amount of work overseeing the safe transition from the CCG and the establishment of the ICB. HD added that this report includes the final set of minutes from the Transition Assurance Committee which met for the last time on the 9th of June, also the Assurance report was presented here for completeness and final assurance. **The Board NOTED the contents of the Transition Assurance Committee – Final Report and minutes of June 2022**	
CLOSING ITEMS		
ICB/2223/15	**Forward Planner – any items to note for 21st July meeting** JM advised that a Forward Planner would be developed and a number of items have been highlighted for future discussion. This meeting has been very much an establishment meeting and a significant amount of works gone into it. JM thanked those involved, particularly HD and her team and stressed the importance of getting it right. Future work will include more visibility on how the system is working overall and on the three missions relating to the delivery of care and partnerships for health and wellbeing.	
ICB/2223/16	**ANY OTHER BUSINESS** CC commented that there are a number of points in the documents presented today which the Board has just approved and that are quite important on a different scale. On the forward planner, as we work in the development space, the Board is going have to work through how it operates to manage those two report roles; that of facilitation of a system and delivery of statutory assurance,	

	and that will be crucial in the forward planner. Whilst we have talked a lot about the assurance from CCG statutory function moving into ICB, there are some new ones. The People and Culture Committee is a new function for a convening board of this type to have which did not exist in the previous CCG statutory duties. It will need to consider in terms of balance, the provider collaborative and constituent organisational space. CC also wanted to highlight to the Board the risks around emergency planning, as there is a change in duty for the ICB. From the 1st July 2022, the ICB is now a Category One Responder as of today. Previously, the CCG was a Category Two Responder. HD, in due course, will provide the Board with an update as to how we undertake this new role and do it effectively for the system. Dr Buk Dhadda (BD) enquired whether it would be worth having a development session just to highlight those differences for more Board colleagues for clarity on the distinct difference between the CCG and ICB roles. JM noted that two or three sessions are planned, but there will be more development beyond those.	

DATE AND TIME OF NEXT MEETING	
Date:	Thursday 21st July 222
Time:	9am to 10.45am
Venue:	via MST